COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 18 (DAY) July (MONTH) 194 4 (YEAR)

STATION I/3 Km E Hammel T4765 Lambert Zone 1

ORGANIZATION Co H (CO. SEC. ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED ST LO SHEET 6F/2		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1		3		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			137		1	138
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			137		1	138

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 145 DINNER 145 SUPPER 145 — TOTAL 435 ÷ 3 — AVERAGE 145

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 6 — MEN PRESENT 137 LESS 1 — NET 136 PLUS 9 — TOTAL 145

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

Caryl H. Oskea

SIGNATURE CARYL H. OSKEA 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., I.C.O. FORM NO. 1 MARCH 25, 1943 WS COPY THRU MRU OR SCU