COMPANY RESTRICTED
MORNING REPORT ENDING 2400 16 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION Orleans W6336 Nord de Guerre Zone

ORGANIZATION Co H (CO, BAT, ETC.) 137 Inf Regt (PRESENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED CHATEAUDUN BEAUGENCY		
	SHEET 9 H		

	PRES	ABSENT			PRES	ABSENT					
ASSIGNED	1		2		5						
ATTACHED UNASSIGNED ATTACHED OTHER ORGN											
TOTAL	1		2		5						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT (FOR DUTY)	ENLISTED MEN PRESENT (FOR DUTY)	ENLISTED MEN ABSENT	ENLISTED MEN PRESENT (FOR DUTY)
ASSIGNED			150			150
ATTACHED UNASSIGNED ATTACHED OTHER ORGN						
TOTAL			150			150

RATIONS

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

II MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 160 DINNER 160 SUPPER 160 TOTAL 480 AVERAGE 160

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 NET O & OTHERS MESSED 8
MEN PRESENT 150 LESS 1 149 PLUS 11 TOTAL 160

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION SIGNATURE [illegible] COUNT AS REPORTED TO ME.

CARYL H. OSKEA 1 Lt [illegible]

SIGNATURE

W.D., A.G.O. FORM NO. 1 MARCH 27, 1944 (NAME) (GRADE) (ARM OR SERVICE)

WD COPY THRU MRU OR SCU