COMPANY RESTRICTED
MORNING REPORT ENDING 2400 29 (DAY) (MONTH) Aug 194 4 (YEAR)

STATION Montargis X4121 Nord de Guerre Zone

ORGANIZATION Hq Co 1 Bn (CO. DET. ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED SENS-AUXERRE SHEET	11 H	

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		1		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		1		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			110			110
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			110			110

RATIONS

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

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 148 DINNER 148 SUPPER 148 — TOTAL 444 ÷ 3 — AVERAGE 148

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 29
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — NET 109 — O & OTHERS MESSED 9 — TOTAL 148
MEN PRESENT 110 LESS 1 PLUS 38

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND [illegible] FIGURES IN PART IS [illegible] AN ACTUAL [illegible]

SIGNATURE CARYL H. OSKEA 1 Lt Inf
(NAME) (GRADE) (ARM OR SERVICE)