COMPANY RESTRICTED
MORNING REPORT ENDING 2400 7 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 1 KM S Landivy T5093 Lambert Zone 1

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 AVRANCHES-FOUGERES		
	SHEET 6G		

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			108			108
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			108			108

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 29
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 O & OTHERS MESSED 9
MEN PRESENT 108 LESS 1 NET 107 PLUS 38 TOTAL 145

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT IN PERSON

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

W.D., G.O.S. FORM NO. 1 (DATE) (GRADE) (ARM OR SERVICE)
MARCH 29, 1943 WD COPY THRU WD OR SOS