COMPANY RESTRICTED
MORNING REPORT ENDING 2400 13 (DAY) Jan (MONTH) 194 5 (YEAR)

STATION Homoré P5351 Belgium
ORGANIZATION Hq Co 1 Bn 137 Inf Regt Inf
(CO. DET. ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED ARLON SHEET 17		

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		4							
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		4							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			128		2	130
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			128		2	130

RATIONS

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

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

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____
MEN ATCHD TO OTHER ORGN FOR RATIONS ____ NET ____ O & OTHERS MESSED ____ TOTAL ____
MEN PRESENT ____ LESS ____ PLUS ____

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS [illegible]

Carl H Oskea

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

M.D., A.G.O. FORM NO. 1
MARCH 25, 1943

WD COPY THRU MRU OR SCU