COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 25 (DAY) July (MONTH) 194 4 (YEAR)

STATION ½ Km N Hamel T4665 Lambert Zone 1

ORGANIZATION Hq Co 2 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 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		2		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			115			115
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			115			115

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 156 DINNER 156 SUPPER 156 TOTAL 468 ÷ 3 AVERAGE 156

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 29
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 O & OTHERS MESSED 13
MEN PRESENT 115 LESS 1 NET 114 PLUS 42 TOTAL 156

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT OF PERSONNEL PRESENT.

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

U.S., A.G.O. FORM NO. 1 MARCH 20, 1942 — 2 — WD COPY THRU MEDICAL SCH