COMPANY MORNING REPORT RESTRICTED ENDING 2400 9 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION ½ EM N Le Boulay T6701 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 AVRANCHES-FOUGERES		
	SHEET 60		

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 DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			111			111
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			111			111

RATIONS

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

II — MEN ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 152 DINNER 152 SUPPER 152 — TOTAL 456 ÷ 3 — AVERAGE 152

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 111 LESS 1 — NET 110 — PLUS 42 — TOTAL 152

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

[signature]

SIGNATURE CARYL E. OSTEA 1 Lt Inf

[illegible]