

COMPANY RESTRICTED
MORNING REPORT

ENDING 2400

1
(DAY)

Jan
(MONTH)

1945
(YEAR)

STATION Honville P5547 Belgium

ORGANIZATION Hq Co 2 Bn 137 Inf Regt Inf

(CO, BATT, BTRY, 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		P.O.		PLT 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 DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			132		2	134
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			132		2	134

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK _____ DATE _____	NUMBER _____
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL _____ AVERAGE _____
	III	BREAKFAST _____ DINNER _____ SUPPER _____	MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR RATIONS OR OTHER MESS'D _____	TOTAL _____
		MEN ATCHD TO OTHER ORGN FOR RATIONS _____	NET _____	PLUS _____
		MEN PRESENT _____ LESS _____		

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THE FIGURES FIGURED IN PART II REPRESENT AN ACTUAL COUNT OF RATIONS ISSUED.

SIGNATURE Caryl H. Oskea (NAME) 1 Lt Inf (GRADE) (ARM OR SERVICE)

D.D. & S.O. FORM NO. 1 MARCH 28, 1943