COMPANY RESTRICTED

MORNING REPORT

ENDING 2400 2 (DAY) Feb (MONTH) 1945 (YEAR) Zone

STATION Sienaken VK6742 Nord de Guerre

ORGANIZATION Hq Co 2 Bn 137 Inf Regt Inf
(CO., DET., ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

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
ASGD	1		4							
ATCHD UNASGD										
ATCHD FR OTHER ORGN										
TOTAL	1		4							

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASGD			135		1	136
ATCHD UNASGD						
ATCHD FR OTHER ORGN						
TOTAL			135	0	1	136

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 _____ MEN PRESENT _____ LESS NET _____ O & OTHERS MESSED _____ PLUS TOTAL _____

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME

SIGNATURE Caryl H O'Skea CARYL H O'SKEA 1 Lt Inf
(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1
JULY 1, 1943

WD COPY THRU NAU OR SCU