

COMPANY RESTRICTED MORNING REPORT

ENDING
2400

20

July

194

4

(DAY)

(MONTH)

(YEAR)

STATION $\frac{1}{2}$ Km SW La Capelle T-865 Lambert Zone 1

ORGANIZATION Hq Co 3 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 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		1		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		1		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

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			
		BREAKFAST	125	DINNER	125	SUPPER	125	375	+ 3	125
	III	MEN AUTHORIZED TO MESS SEPARATELY _____		MEN ATCHD FOR RATIONS		3	O & OTHERS MESSED	8	TOTAL	
		MEN ATCHD TO OTHER ORGN FOR RATIONS		1	NET					
		MEN PRESENT		115	LESS	1	114	PLUS	11	125

PAGE 1 OF 1 PAGES

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

Caryl H. Osika

SIGNATURE CARYL H. OSIKA 1 Lt Inf

U.S. A.G.O. FORM NO. 1

(NAME)

(GRADE) (ARM OR SERVICE)

MARCH 20, 1945

WD-COPY THRU MEUR-ECU