COMPANY RESTRICTED
MORNING REPORT ENDING 2400 16 (DAY) Jan (MONTH) 194 5 (YEAR)

STATION Livarchamps P4856 Belgium
ORGANIZATION Hq Co 3 Bn 137 Inf Regt Inf
(CO. REG. ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
MAP	SED ARLON SHEET 17		

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 DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			131		3	134
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			131		3	134

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

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IT CAN'T IS REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

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

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU MRU OR SCU