COMPANY RESTRICTED

MORNING REPORT

ENDING 2400 16 (DAY) Oct (MONTH) 194 4 (YEAR)

STATION Alincourt Q9823 Nord de Guerre Zone

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED SAARBRUCKEN SHEET V 1		

OFFICER STRENGTH	FLD O & CAPT PRES	FLD O & CAPT ABS'T	1ST LT PRES	1ST LT ABS'T	2D LT PRES	2D LT ABS'T	WO PRES	WO ABS'T	FLT O PRES	FLT O ABS'T
ASSIGNED	2		2				1			
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2		2				1			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN PRESENT NOT FOR DT	ENLISTED MEN ABSENT	ENLISTED MEN PRESENT AND ABSENT
ASSIGNED			103			103
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			103			103

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK ____ DATE ____ NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT BREAKFAST 163 DINNER 163 SUPPER 163 TOTAL 409 ÷ 3 AVERAGE 163

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 44 MEN ATCHD TO OTHER ORGN FOR RATIONS 1 O & OTHERS MESSED 17 MEN PRESENT 103 LESS 1 NET 102 PLUS 61 TOTAL 163

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS REQUIRED IN PART IS REPRESENT AN ACTUAL COUNT AS CERTIFIED

Carl H. Oskea

SIGNATURE CARIL H. OSKEA 1 Lt Inf (GRADE) (ARM OR SERVICE)

[illegible] WD COPY THRU [illegible]