COMPANY MORNING REPORT

PERIOD ENDING 19 Oct 4

STATION Allscourt 99823 Zone de Guerre Zone

ORGANIZATION Hq Co 137 Inf Regt Inf

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

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

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

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: BREAKFAST 162 DINNER 162 SUPPER 162 TOTAL 486 ÷ AVERAGE 162

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 44
MEN ATCHD TO OTHER ORGN FOR RATIONS 1
MEN PRESENT 103 LESS 1 NET 102
O & OTHERS MESSED 16 PLUS 60 TOTAL 162

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT THE INFORMATION PERTAINS TO THE PERFORMANCE OF AN ACTUAL

[signature]

SIGNATURE

CAPT E. OSIGA 1 Lt Inf

(GRADE, ARM OR SERVICE)

(NAME, ARM OR SERVICE OF PERSON MAKING CORRECTION) (WILL COPY THIS WHEN SIGNED)