COMPANY RESTRICTED

MORNING REPORT ENDING 7 AM 17 (DAY) July (MONTH) 194 4 (YEAR)

STATION 1 Mn SW Le Meauffe T4970 Lambert Zone 1

ORGANIZATION Hq Co (OR. SEC. ETC.) 137 Inf Regt (PARENT UNIT) Inf (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	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 DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			92			92
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			92			92

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE — NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT — TOTAL 453 ÷ 3 AVERAGE 151

BREAKFAST 151 DINNER 151 SUPPER 151

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 44

MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — NET 91 — O & OTHERS MESSED 16 — TOTAL 151

MEN PRESENT 92 LESS 1 PLUS 60

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT [illegible] FIGURES IN PART [illegible] AN ACTUAL [illegible]

SIGNATURE CARYL H. OSKEA 1 Lt Inf

[illegible]