COMPANY RESTRICTED

MORNING REPORT ENDING 2400 9 (DAY) July (MONTH) 194 4 (YEAR)

STATION 1 Km South La Pegotierie 510-705

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

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			95			95
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			95			95

RATIONS

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

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 157 DINNER 157 SUPPER 157 — TOTAL 471 ÷ 3 — AVERAGE 157

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

MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 19

MEN PRESENT 95 LESS 1 — NET 94 — PLUS 63 — TOTAL 157

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 REQUIRED TO ME.

SIGNATURE CARYL H. OSKEA 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

[illegible]