COMPANY RESTRICTED
MORNING REPORT ENDING 2400 2 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 1 KM S Logerie T5445 Lambert Zone 1
ORGANIZATION Hq Co (CO., BRY., ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED TORIGNI-SUR-VIRE		
	SHEET 6F/4		

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 DY	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 — O & OTHERS MESSED 16
MEN PRESENT 92 LESS 1 — NET 91 — PLUS 60 — TOTAL 151

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS PROVIDED IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED IN PART I.

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

W.D., A.G.O. FORM NO. 1 MARCH 15, 1940

WD COPY THRU MRU OR SCU