

COMPANY REGISTERED
MORNING REPORT

DATE **6**

MONTH **AUG** YEAR **4**

STATION **1 KM ST BOONVILLE T5630 Lambert Zone 1**

ORGANIZATION **Hq Co 137 Inf Regt Inf**

SERIAL NUMBER NAME GRADE CODE

No Change

RECORD OF EVENTS

MAP USED VIRE SIENT 62/6

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PREN	ABST	PREN	ABST	PREN	ABST	PREN	ABST	PREN	ABST
ASSIGNED	2		2				1			
ATTACHED UNASSIGNED										
ATTACHED FOR OTHER ORG										
TOTAL	2		2				1			

AVR 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 FOR OTHER ORG						
TOTAL			92			92

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER		
			DATE			
I O N S	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL	AVERAGE	
		BREAKFAST 151	DINNER 151	SUPPER 151	453	151
S	III	MEN AUTHORIZED TO MESS SEPARATELY		MEN ATCHNG FOR RATIONS 44		
		MEN ATCHD TO OTHER ORGN FOR RATIONS 1	NET	O & OTHERS MESSED 16	TOTAL	
		MEN PRESENT 92	LESS 1	91	PLUS 60	151

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS OF THE DATE REPORTED.

SIGNATURE **CARYL H. OSKOA 1 Lt Inf**