COMPANY RESTRICTED

MORNING REPORT

ENDING 2400 17 (DAY) Jan (MONTH) 194 5 (YEAR)

STATION Honville P5 47 Belgium

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
MAP	USED ARLON SHEET 17		

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			165		1	166
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			165		1	166

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

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

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____
MEN ATCHD TO OTHER ORGN FOR RATIONS ____ NET O & OTHERS MESSED ____ TOTAL
MEN PRESENT ____ LESS ____ PLUS ____

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 THEREIN

[signature]

CARTER H. OSKER 1 Lt Inf
(NAME) (GRADE) (ARM OR SERVICE)

WD COPY THRU MRU OR SCU