COMPANY RESTRICTED

MORNING REPORT

ENDING 2400 6 (DAY) Jan (MONTH) 194 5 (YEAR)

STATION Honville P5547 Belgium

ORGANIZATION Hq Co (CO. DET. ETC.) 137 Inf Regt (PARENT UNIT) Inf (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
ASSD	2		2				1			
ATCHD UNASSD										
ATCHD FR OTHER ORGN										
TOTAL	2		2			2	1			

AVM CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSD			165		1	166
ATCHD UNASSD						
ATCHD FR OTHER ORGN						
TOTAL			165		1	166

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK ____ DATE ____ NUMBER

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

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

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

SIGNATURE CARYL H OSKEA 1 Lt Inf

U.S. S.C.O. FORM NO. 1 JULY 1, 1943 (NAME) (GRADE) (ARM OR SERVICE)

WD COPY THRU MRU OR SCU