COMPANY RESTRICTED
MORNING REPORT ENDING 2400 27 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 1 KM E X7140 Nord de Guerre Zone

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED SENS-AUXERRE SHEET 11 H		

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					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL			2		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			117			117
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			117			117

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 123 DINNER 123 SUPPER 123 TOTAL 369 ÷ 3 AVERAGE 123

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 NET O & OTHERS MESSED 4
MEN PRESENT 117 LESS 1 116 PLUS 7 TOTAL 123

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT [illegible] FIGURES IN PART II REPRESENT AN ACTUAL COUNT [illegible]

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

U.S., S.C.O. FORM NO. 1 [illegible] NO COMMITTING MRU OR SCU