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

STATION Epogne Y6081 Nord de Guerre Zone

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
MAP USED CHALONS SUR MARNE SHEET 12 G			

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	1		1		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		1		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			166			166
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			166			166

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 173 DINNER 173 SUPPER 173 — TOTAL 519 ÷ 3 — AVERAGE 173

III — MEN AUTHORIZED TO MESS SEPARATELY ___ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 5
MEN PRESENT 166 LESS 1 — NET 165 — PLUS 8 — TOTAL 175

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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 IN [illegible]

SIGNATURE [illegible]
CARYL H OSKEA 1 LT INF
(NAME) (GRADE) (ARM OR SERVICE)