COMPANY RESTRICTED
MORNING REPORT ENDING 2400 30 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION Lorris X1410 Nord de Guerre Zone

ORGANIZATION Co M (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			5		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL			5		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			143		1	144
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			143		1	144

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 152 DINNER 152 SUPPER 152 — TOTAL 456 ÷ 3 — AVERAGE 152

III — MEN AUTHORIZED TO MESS SEPARATELY ___ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 7
MEN PRESENT 143 LESS 1 — NET 142 — PLUS 10 — TOTAL 152

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 BY [illegible]

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

[illegible] WD COPY THRU BRU OR SCO