COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 19 (DAY) July (MONTH) 194 4 (YEAR)

STATION 1 Km E Rompon T4766 Lambert Zone 1

ORGANIZATION Med Det (CO., BTY., ETC.) 137 Inf Regt (PARENT UNIT) Md (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED ST IO SHEET 6E/2		

ALL EM ATCHD TO OTHR ORGNS FOR RAT

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	9									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	9									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			102		2	104
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			102		2	104

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 ÷ 3 = AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 102 — O & OTHERS MESSED ____ — MEN PRESENT 102 LESS 102 NET 0 PLUS — TOTAL 0

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT OF PERSONS FED

SIGNATURE CARYL H. OSKEA 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 — MARCH 28, 1943 — SEND COPY THRU NRU OR SCU