

**RESTRICTED**

**REPORT**     ENDING 2400 2 July 19  
(DAY) (MONTH)

**COM** Bodmin  $\frac{1}{2}$  mi NE VX 5189 (Br Cass:  
**ORGANIZATION** Med Det 137 Inf Regt  
(CO, DET, ETC.) (PARANT UNIT) (ARM OR SERV)

SERIAL NUMBER	NAME	GRADE
No Change		

**ALL EM ATCHD TO OTHR ORGNS FOR RAT**

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		YD		FLT O	
	PRES	ASST	PRES	ASST	PRES	ASST	PRES	ASST	PRES	ASST
ASSIGNED	9									
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN										
<b>TOTAL</b>	<b>9</b>									

AVN CADET & ENLISTED STRENGTH	AVIATION CAETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR D.TY	PRESENT NOT FOR D.Y	ABSENT	PRESENT AND ABSENT
ASSIGNED			122	1	2	125
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			<b>122</b>	<b>1</b>	<b>2</b>	<b>125</b>

<b>R A T I O N S</b>	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK DATE	NUMBER				
		MESS ATTENDANCE FOR DAY OF THIS REPORT			TOTAL	AVERAGE		
O N S	II	BREAKFAST	DINNER	SUPPER	+	3		
	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS O & OTHERS MESSED		TOTAL			
		MEN ATCHD TO OTHER ORGN FOR RATIONS	123	NET		0		
		MEN PRESENT	123	LESS	123	0	PLUS	0

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART III REPRESENT AN ACTUAL MORNING REPORT

SIGNATURE CARYL H. OSKEA 1 Lt Inf  
(NAME) (GRADE) (ARM OR SERVICE)  
 W.D. & H.O. FORM NO. 1 (REVISED) MARCH 25, 1949     WD COPY THRU MRU OR SCU