NY RESTRICTED
G REPORT ENDING 2400 26 (DAY) July (MONTH) 194 4 (YEAR)

...NL Km N La Capelle T4766 Lambert Zone 1

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

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

ALL EM ATCHD TO OTHR ORGNS FOR RATS

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 ST	ABSENT	PRESENT AND ABSENT
ASSIGNED			122		2	124
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			122		2	124

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 122 NET O & OTHERS MESSED ____ TOTAL
MEN PRESENT 122 LESS 122 0 PLUS 0

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I CERTIFY THAT THIS MARKING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME

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

U.S., A.G.O. FORM NO. 1
MARCH 25, 1942

WD COPY THRU ARC OR SCU