RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 3 (DAY) July (MONTH) 194 4 (YEAR)

STATION Bodmin ½ mi NE VX 5189 (Br Cassini)

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

SERIAL NUMBER	NAME	GRADE	CODE
20726794	Miller	Tec 4	
Fr Abs Sk LD 314 Sta Hosp to Dy			

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 DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			123	1	1	125
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			123	1	1	125

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 124 NET 0 O & OTHERS MESSED ____ TOTAL 0

MEN PRESENT 124 LESS 124 PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT OF [illegible]

SIGNATURE Caryl H. Oskea

CARYL H. OSKEA 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

U.S. A.G.O. FORM NO. 1 MARCH 25, 1940

WD COPY THRU MRU OR SCU