

# COMPANY RESTRICTED MORNING REPORT

ENDING  
2400

19

Aug

194

4

(DAY)

(MONTH)

(YEAR)

STATION Orleans W6641 Hora de Guerre Zone

ORGANIZATION Med Det

137 Inf Regt

Md

(CO, DET, ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
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No Change

RECORD OF EVLNTS

MAP USED PATAY SHEET 9 H/4

## ALL EM ATCHD TO OTHR ORGNS FOR RATS

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASSIGNED	9									
ATTACHED										
REASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	9									

ARM CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			119		2	121
ATTACHED						
REASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			119		2	121

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR		DAY OF WEEK DATE		NUMBER
		MESS ATTENDANCE FOR DAY OF THIS REPORT				
I	II	BREAKFAST	DINNER	SUPPER	TOTAL	AVERAGE
N	III	MEN AUTHORIZED TO MESS SEPARATELY		MEN ATCHD FOR RATIONS O & OTHERS MESSD		TOTAL
		MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	MEN ATCHD TO OTHER ORGN FOR RATIONS	PLUS	
		119	0	119	0	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 RATIONS ISSUED

SIGNATURE CARYL E. OSKEA 1 Lt Inf

U.S. ARMY FORM NO. 1 (CHANGE) (GRADE) (ARM OR SERVICE)

NO COPY THRU MRU OR SC