RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 9 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 1 Km N Les Hegmineres T6402 Lambert Zone 1

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

RECORD OF EVENTS

MAP U ED AVRANCHES-FOUGERES

SHEET 6G

ALL EM ATTCHD TO OTHR ORGNS FOR RTS

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			111		2	113
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			111		2	113

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 111 — O & OTHERS MESSED ____

MEN PRESENT 111 LESS 111 — NET 0 — PLUS — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPRESENTED BY ME.

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

(C.O., O.C., O.IC., PARTY, ETC.) (TITLE)

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