COMPANY RESTRICTED
MORNING REPORT ENDING 3 (DAY) Oct (MONTH) 4 (YEAR)

STATION Velaine Q9514 Nord de Guerre Zone

ORGANIZATION Serv Co (CO. DEC. STA.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED SAARBRUCKEN SHEET V 1		

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	6		4		1		4			
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		4		1		4			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			105	~~105~~ 243		105
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			105			105

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 81 DINNER 81 SUPPER 81 TOTAL 243 ÷ 3 AVERAGE 81

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 1
MEN ATCHD TO OTHER ORGN FOR RATIONS 36 O & OTHERS MESSED 11
MEN PRESENT 105 LESS 36 NET 69 PLUS 12 TOTAL 81

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

Caryl H. Oskea

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

WD COPY THRU NRU OR SCU