COMPANY RESTRICTED
MORNING REPORT

ENDING 2400 28 (DAY) July (MONTH) 194 4 (YEAR)

STATION 1 Km NW La Pegoterie T5171 Lambert Zone 1

ORGANIZATION Serv Co (CO. SEC. ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

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

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O/A	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	5		5		2		4			
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5		5		2		4			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			99			99
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			99			99

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK ____ DATE ____ NUMBER ____

II MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 77 DINNER 77 SUPPER 77 TOTAL 231 ÷ 3 AVERAGE 77

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 1
MEN ATCHD TO OTHER ORGN FOR RATIONS 36 O & OTHERS MESSED 13
MEN PRESENT 99 LESS 36 NET 63 PLUS 14 TOTAL 77

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 REPORTED TO ME.

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

W.D., A.G.O. FORM NO. 1
MARCH 22, 1945

WD COPY THRU MRS OR SCU