

**COMPANY RESTRICTED  
MORNING REPORT**

DATE 7 Aug 44 (YEAR) 1 (MONTH) 4 (DAY)

STATION 2 KM 6 Moulins T5298 Lebert Zone 1

ORGANIZATION Sgt Co 137 Inf Regt Inf  
(CO. REG. NO.) (TROOP/DEPT) (CLASS OF SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

**RECORD OF EVENTS**

MAP USED AVRANCHES-FOUGERES  
SHEET 60

OFFICER SERIAL NO	PLS D & CAPT		1ST LT		2ND LT		WO		FLT O	
	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT
ASSIGNED	5		5		2		4			
ATTACHED UNASSIGNED ATTACHED FOR OTHER USE										
TOTAL	5		5		2		4			

  

NON-CADET & ENLISTED SERIAL NO	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT OUT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			101			101
ATTACHED UNASSIGNED ATTACHED FOR OTHER USE						
TOTAL			101			101

**ESTIMATED NUMBER OF DAYTIME HOURS REQUIRED FOR** \_\_\_\_\_ **DAY OF WEEK** \_\_\_\_\_ **NUMBER** \_\_\_\_\_

**DATE** \_\_\_\_\_

**MEAL ATTENDANCE FOR DAY OF THIS REPORT**

BREAKFAST	78	DINNER	78	SUPPER	78	TOTAL	324	AVERAGE	78
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**NON-AUTHORIZED TO** \_\_\_\_\_ **NON-ATTEND FOR DUTY** \_\_\_\_\_

**NON-ATTEND TO OTHER** \_\_\_\_\_ **OR OTHER** \_\_\_\_\_

NON-PRESENT	101	LESS	36	NET	65	PLUS	13	TOTAL	78
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I CERTIFY THAT THE ABOVE REPORT IS CORRECT AND TRUE ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**CARYL R. OSMA 1 Lt Inf**

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