

COMPANY RESTRICTED MORNING REPORT

ENDING
DATE

29

DOE

1944

STATION **KLI 6431 Luxembourg**

ORGANIZATION **3d AF**

285 FA Bn

FE

SERIAL NUMBER

NAME

GRADE

CO

**No Change
RECORD OF EVENTS
Map used 1112**

OFFICER STRENGTH	PLD O & CAPT		1ST LT		2D LT		WO		PLT G	
	PREC	ASST	PREC	ASST	PREC	ASST	PREC	ASST	PREC	ASST
ASSIGNED	1		2				1			
EXCHANGED										
EXCHANGED FOR OTHER CORPS										
TOTAL	1		2				1			

AVN CABIN & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT FOR DUTY
ASSIGNED			72			72
EXCHANGED						
EXCHANGED FOR OTHER CORPS						
TOTAL			72			72

ESTIMATED NUMBER OF BATHS REQUIRED FOR DAY OF WEEK **DATE** **W. H. H.**

MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	76	DINNER	76	SUPPER	76	TOTAL	228	AVERAGE	76
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MAN AUTHORIZED TO MESS SEPARATELY **MAN ATTENDING FOR BATHS** **O & OTHERS**

MAN ATTENDING FOR OTHER **ORIGIN FOR BATHS** **NET** **FLU** **TOTAL**

MAN PRESENT **72** **LESS** **72** **PLUS** **76**

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VERIFY THAT THIS MORNING REPORT IS CORRECT AND THAT BATHS PROVIDED ARE IN SUFFICIENT QUANTITY

GAIL R. THOMAS WOJG USA

RESTRICTED

FORM 1-4-44 (Rev. 1-4-44)

(NAME)

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NO COPY THIS WILL BE SENT