

# COMPANY ~~RESTRICTED~~

## MORNING REPORT

5 November

STATION U 9620 Word De Puerto Zone

ORGANIZATION CO F 329 Inf Regt

Inf

SERIAL NUMBER NAME GRADE CODE

To Change

RECORD OF EVENTS

Map used None

| OFFICER<br>STRENGTH       | FLD O & CAPT |      | 1ST LT |      | 2ND LT |      | WO    |      | FLT O |      |
|---------------------------|--------------|------|--------|------|--------|------|-------|------|-------|------|
|                           | PRESE        | ASST | PRESE  | ASST | PRESE  | ASST | PRESE | ASST | PRESE | ASST |
| ASSIGNED                  | 1            |      | 3      |      | 2      |      |       |      |       |      |
| ATTACHED                  |              |      |        |      |        |      |       |      |       |      |
| UNASSIGNED                |              |      |        |      |        |      |       |      |       |      |
| ATTACHED FR<br>OTHER ORGN |              |      |        |      |        |      |       |      |       |      |
| TOTAL                     | 1            |      | 3      |      | 2      |      |       |      |       |      |

| AVN CASEY<br>& ENLISTED<br>STRENGTH | AVIATION CASEY |        | ENLISTED MEN       |                        |        |                       |
|-------------------------------------|----------------|--------|--------------------|------------------------|--------|-----------------------|
|                                     | PRESENT        | ABSENT | PRESENT<br>FOR COY | PRESENT<br>NOT FOR COY | ABSENT | PRESENT<br>AND ABSENT |
| ASSIGNED                            |                |        | 178                |                        | 1      | 179                   |
| ATTACHED                            |                |        |                    |                        |        |                       |
| UNASSIGNED                          |                |        |                    |                        |        |                       |
| ATTACHED FR<br>OTHER ORGN           |                |        |                    |                        |        |                       |
| TOTAL                               |                |        | 178                |                        | 1      | 179                   |

|                                           |    |                                              |                             |         |
|-------------------------------------------|----|----------------------------------------------|-----------------------------|---------|
| R<br>A<br>T<br>I<br>O<br>N<br>S           | 1  | ESTIMATED NUMBER OF<br>RATIONS REQUIRED FOR  | DAY OF WEEK<br>DATE         | NUMBER  |
|                                           | 14 | MEAL ATTENDANCE FOR DAY OF THIS REPORT       | TOTAL                       | AVERAGE |
| B<br>R<br>E<br>A<br>K<br>F<br>A<br>S<br>T |    | BREAKFAST                                    | DINNER                      | SUPPER  |
|                                           |    | MEAL AUTHORIZED TO<br>BE SEPARATELY          | MEAL AUTHORIZED FOR RATIONS | 3       |
|                                           |    | MEAL AUTHORIZED TO OTHER<br>DEPT FOR RATIONS | 1                           | 6       |
| P<br>R<br>E<br>S<br>E<br>N<br>T           |    | MEAL PRESENT                                 | 177                         | 177     |
|                                           |    | LESS                                         | 1                           | 177     |
|                                           |    | PLUS                                         | 9                           | 135     |

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I CERTIFY THAT THE INFORMATION REPORTED HEREON IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

GILBERT T. ARMSTRONG

CAPT

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