COMPANY RESTRICTED MORNING REPORT 15 JAN 5

STATION Camp Shelby P 5755

ORGANIZATION Hq Co 2nd Bn 398 Inf Regt Inf

SERIAL NUMBER	NAME	GRADE	CODE
	No changes		
	RECORD OF EVENTS		
	Hq Co 1st Bn 398 Inf Regt		

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
ASGD	1		4							
ATCHD RECEIVED										
ATCHD FR OTHER ORGN										
TOTAL	1		4							

AVN CADET & EMA STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASGD			112		2	114
ATCHD RECEIVED						
ATCHD FR OTHER ORGN						
TOTAL			112	0	2	114

RATIONS

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

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST ____ DINNER ____ SUPPER ____ TOTAL ____ ÷ 3 AVERAGE

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ MEN PRESENT ____ LESS ____ NET ____ PLUS ____ TOTAL

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I CERTIFY THAT THE MORNING REPORT IS CORRECT AND THAT RATION FIGURES HAVE BEEN REPORTED AS REPORTED TO ME.

SIGNATURE GRANT ARMSTRONG 1st Lt Inf

Personnel Officer

WD COPY THIS NEW OR SCS