

RESTRICTED

ENDING
2400

8

(BAY)

001

4. RESOLUTION

194

YEAR

STATION 90325. Nord de Guerre Zone.

ORGANIZATION **Inf @ 3rd Bn 320 Inf Regt Inf**

(C) BY ETC.

(PARTY UNIT)

(ATTN: ON SERVICE)

SERIAL NUMBER

NAME _____

GRADE

CODE

NO CHANGE

RECORD OF EVENTS

Not used here.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLY O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1		3		1					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		1					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			106		5	111
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			106		5	111

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR		DAY OF WEEK _____ DATE _____		NUMBER _____			
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT					TOTAL _____	AVERAGE _____	
		BREAKFAST	DINNER	SUPPER					
	III	MEN AUTHORIZED TO MESS SEPARATELY _____		MEN ATCHD FOR RATIONS _____		65			
		MEN ATCHD TO OTHER ORGN FOR RATIONS _____		1	NET _____	O & OTHERS MESSED _____	13	TOTAL _____	
		MEN PRESENT	106	LESS	1	105	PLUS	78	183

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CERTIFY THAT THIS MONTHLY REPORT IS CORRECT AND
 THAT RATION FIGURES IN ANY REPRESENT AN ACTUAL
 CONSUMPTION REPORTED TO ME.

SIGNATURE

GEORGE T. AMSTRONG

CARLINA

W. S. A. O. FORM

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