

COMPANY **REGIMENT**

MORNING REPORT

STATION **1000**

ORGANIZATION **1st Lt**

SERIAL NUMBER **1** NAME **REGIMENT** GRADE **1st Lt** CODE

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OFFICER STRENGTH	PLD O S CAPT		1ST LT		2D LT		WO		PLT O	
	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT
REMOVED	1		3		1					
ATTACHED UNASSIGNED										
ATTACHED FOR OTHER ORGN										
TOTAL	1		3		1					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	UNASSIGNED
ASSIGNED			107		5	202
ATTACHED UNASSIGNED						
ATTACHED FOR OTHER ORGN						
TOTAL			107		5	202

R	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK	DAY OF WEEK	NUMBER		
			DATE			
T	II	MEN ATTENDANCE FOR DAY OF THIS REPORT			TOTAL	AVERAGE
		BREAKFAST	DINNER	SUPPER		
O	III	MEN AUTHORIZED TO USE RATIONS		MEN ATCHD FOR RATIONS		
		MEN ATCHD TO OTHER ORGN FOR RATIONS	2	NET	7	
S		MEN PRESENT	107	LESS	2	105
					PLUS	12

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 I CERTIFY THAT THE INFORMATION REPORTED IS CORRECT AND THAT I AM A MEMBER OF THE REGIMENT.
[Signature]
 REGIMENT 1000
 OCT 320