

RESTRICTED

2400

2 July

194

4

(YEARS)

ORGANIZATION Co L 320 Inf Regt Inf

+CO. DET. ETC.)

(PARENT UNIT)

(CARM OR SERVICE)

SERIAL NUMBER

NAME _____

GRADE

CODE

33763716

Tressler

Pvt

Sk Qrs LD to Dy

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			3	
	III	MEN AUTHORIZED TO MESS SEPARATELY _____		MEN ATCHD FOR RATIONS _____		O & OTHERS MESSED _____		
	MEN ATCHD TO OTHER ORGN FOR RATIONS 2		NET		6			
	MEN PRESENT 185		LESS 2		183			
					PLUS 6			
					189			

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNCIL REPORTED TO ME:

SIGNATURE

GERARD T ARMSTRONG Capt Inf

W.D. A.C.O. FORM NO. 1

MARCH 15, 1945

WD COPY THTU BRU/CH BCU

GRADE) (ARM OR SERVICE)