COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 1 (DAY) Dec (MONTH) 194 4 (YEAR)

STATION Oriocourt (0330 Nord de Guerre Zone

ORGANIZATION 35 Inf Div Band (CO. DET ETC.) 35 Inf Div (PARENT UNIT) INF (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		
	RECORD OF EVENTS		
	Map used: Saarbrucken sheet V 1		

All EM atchd for rat to Hq Co 35 Inf Div

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
ASSIGNED							2			
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL							2			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			54			54
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			54			54

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 FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ NET O & OTHERS MESSED ____ TOTAL

MEN PRESENT ____ LESS ____ PLUS ____

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS INDICATED AS NOT REQUIRED ARE ACTUALLY NOT REQUIRED FOR THE PERIOD COVERED.

Leon H. Gaylor

SIGNATURE Scott W Brown 1st Lt Sp Trs Capt Inf

W. D., A.G.O. FORM NO. 1 (RANK) (ORGN. OR SERVICE)