COMPANY MORNING REPORT RESTRICTED

ENDING 2400 15 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION LeMans V4157 Nord de Guerre Zone

ORGANIZATION Cannon Co (CO. BAT. ETC.) 134 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME		GRADE	CODE
34600873	Connor	(603)	SGT	9-5[illegible]
MOS changed to 539				
34033432	Harrison	(531)	CPL	9-6[illegible]
MOS changed to 603				
11094693	Jason	(521)	TEC 5	9-0[illegible]
MOS changed to 060				
35368436	Cobbum	(746)	PFC	9-5[illegible]
MOS changed to 531				
39127382	Price	(766)	PFC	9-5[illegible]
MOS changed to 531				
32761565	Greve	(521)	PVT	9-5[illegible]
MOS changed to 531				
	RECORD OF EVENTS			
Map used LeMans 8 H/3.				

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	1		2							
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			100			100
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			100			100

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 103 DINNER 103 SUPPER 103 TOTAL 309 ÷ 3 AVERAGE 103

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____
MEN ATCHD TO OTHER ORGN FOR RATIONS ____ O & OTHERS MESSED 3
MEN PRESENT 100 LESS NET 100 PLUS 3 TOTAL 103

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

SIGNATURE RAYMOND J. ANDERSON (NAME) CAPT INF (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 [illegible] WD COPY THRU WRU OR DCU