COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 12 (DAY) July (MONTH) 194 4 (YEAR)

STATION Fotelaie ½ mi SW, T5374, Lambert Zone #1

ORGANIZATION Co H (CO. DET. ETC.) 134th Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

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		3		4					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		4					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			156			156
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			156			156

RATIONS

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

II. MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 164 DINNER 164 SUPPER 164 — TOTAL 492 ÷ 3 = AVERAGE 164

III. MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ O & OTHERS MESSED 8 — MEN PRESENT 156 LESS NET 156 PLUS 8 TOTAL 164

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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 (GRADE) INF (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 ... [illegible] COPY [illegible] OR SGD