RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 29 (DAY) Jul (MONTH) 194 4 (YEAR) #1

STATION Conde Sur Vive 3/4 Mi NE T5257 Lambert Zone

ORGANIZATION Co I (CO. SET. ETC.) 134 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
Map used St	Lo 6 F/2 Co morale good		

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		4					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL			2		4					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			164		1	165
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			164		1	165

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 170 DINNER 170 SUPPER 170 — TOTAL 510 ÷ 3 — AVERAGE 170

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ MEN PRESENT 164 LESS — NET 164 — O & OTHERS MESSED 6 PLUS 6 — TOTAL 170

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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 [illegible] ANDERSON (NAME) CAPT INF (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 [illegible] WE COPY THRU MRU OR SCU