| **Public Servant Entry Report** |
| **Post Rollup of Submission** |

Post / Auxiliary # _____

Law Enforcement

Amount spent on awards:

        Post $_____   Auxiliary $_____

Additional money spent on the program:

        Post $_____   Auxiliary $_____

Number of entries in this program: _____

Firefighter

Amount spent on awards:

        Post $_____   Auxiliary $_____

Additional money spent on the program:

        Post $_____   Auxiliary $_____

Number of entries in this program: _____

Emergency Medical Technician

Amount spent on awards:

        Post $_____   Auxiliary $_____

Additional money spent on the program:

        Post $_____   Auxiliary $_____

Number of entries in this program: _____

Copy to: District Chairman with entry

911 Dispatcher-Operator
Police, Fire, or EMS

Amount spent on awards:

Post $_____   Auxiliary $_____

Additional money spent on the program:

Post $_____   Auxiliary $_____

Number of entries in this program: _____

EOD-Explosives Ordnance Disposal

Amount spent on awards:

Post $_____   Auxiliary $_____

Additional money spent on the program:

Post $_____   Auxiliary $_____

Number of entries in this program: _____

_____   _____

Post Chairman's Name (print)   Post Commander Name (print)

Copy to: District Chairman with entry