



FULLFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

DEPARTMENT OF LOUISIANA

Line Officer Event Report

(For all events attended on behalf of the Department other than Chapter visits)

Line Officer's Name _____ Date Submitted: _____

Date of Event _____ Event _____ Location _____

1. Remarks/Comments _____

2. Other Notes – Commendations/Suggestions _____

3. Signature Verification

Department Line Officer _____

Department Adjutant _____ Date Received _____