

**Division of Administration  
LA CARTE PROGRAM  
CARDHOLDER ENROLLMENT FORM**

REVISED 09/13/00

- NEW
- CHANGE – CARDHOLDER ACCOUNT # \_\_\_\_\_
- DELETE - CARDHOLDER ACCOUNT # \_\_\_\_\_

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**Section I: To be completed by Cardholder:**

Cardholder Name: \_\_\_\_\_ ( maximum of 26 spaces)

Agency: \_\_\_\_\_/Section: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Supervisor/Reviewer Signature: \_\_\_\_\_

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**Section Two: To be completed by OFSS:**

Overall Card Limit: \_\_\_\_\_  
Single Transaction Limit: \_\_\_\_\_ (Max \$1000)  
Number of Purchases Allowed per month: \_\_\_\_\_ (6<sup>th</sup> to 5<sup>th</sup> each month)  
Spending Limit per Cycle: \_\_\_\_\_ (6<sup>th</sup> to 5<sup>th</sup> each month)

ACCOUNTING CODE: \_\_\_\_\_  
\*MCC Restrict / Add Codes: \_\_\_\_\_ Justification: \_\_\_\_\_  
\*(no changes will automatically accept state recommendations)

**HIERARCHY:**

LEVEL 1:	Louisiana La Carte	<u>11616</u>
LEVEL 2:	ISIS Agencies	<u>0002</u>
LEVEL 3:	Executive Dept	<u>0001</u>
LEVEL 4:	_____	_____
LEVEL 5:	_____	_____
LEVEL 6:	_____	_____
LEVEL 7:	_____	_____

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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**NOTE: This form is to be completed by the cardholder, approved by the supervisor/reviewer and forwarded to DOA with the completed cardholder agreement, for processing.**

Date Application processed at OSP: \_\_\_\_\_

Submitted To Bank By: \_\_\_\_\_

**Division of Administration  
LA CARTE PROGRAM  
CARDHOLDER AGREEMENT**

I AGREE TO THE FOLLOWING TERMS AND CONDITIONS REGARDING THE USE OF THE LOUISIANA PURCHASING CARD ASSIGNED TO ME FOR OFFICIAL STATE BUSINESS ONLY.

- 1) I understand that I am being entrusted with a powerful and valuable tool and will be making financial commitments on behalf of the State of Louisiana and will strive to obtain the best value for the State.
- 2) I understand that under no circumstances will I use the Purchasing Card to make personal purchases, either for myself or others. Using the Purchasing Card for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.
- 3) I understand that the card shall be solely used by me, the named cardholder, and that under no circumstances shall any other person be allowed to use this card.
- 4) I will follow Louisiana Law, state purchasing policies and policies of my employing agency, and the established guidelines for using the Purchasing Card. Failure to do so may result in either revocation of my card privileges or other disciplinary action.
- 5) I have been provided a copy of the Purchasing Card Guidelines and attended training on \_\_\_\_\_ and understand the Purchasing Card Program. I have been given an opportunity to ask any questions to clarify my understanding of the Purchasing Card Program.
- 6) I agree to review and reconcile transactions timely and will maintain all applicable information and receipts.
- 7) I agree that I will surrender the purchasing card upon termination from my current state agency.
- 8) If card is lost or stolen, you must telephone Bank of America Customer Service at 1-888-449-2273 immediately. This number is available 24 hours a day, 7 days a week, 365 days a year. Lost cards reported by telephone are blocked immediately. Replacement cards should be issued within 24 hours.
- 9) I agree that, should I violate the terms of the Agreement, I will be subject to disciplinary action up to and including termination of employment and that I will reimburse the State of Louisiana for all incurred charges and any costs related to the collection of such charges. Additionally, any such charges that I owe the State may be deducted from any money which would otherwise be due and owing me, including salary or wages, to the extent allowable by law.

\_\_\_\_\_  
Cardholder Name (print)

\_\_\_\_\_  
Cardholder Signature

Date: \_\_\_\_\_