

**DIVISION OF ADMINISTRATION
STATE LIABILITY TRAVEL CARD/CBA PROGRAM
CARDHOLDER ENROLLMENT FORM**

REVISED 11/11

NEW

CHANGE - CARDHOLDER ACCOUNT # _____
(last eight digits only)

DELETE - CARDHOLDER ACCOUNT # _____
(last eight digits only)

Section I: To be completed by Cardholder:

Cardholder Name: _____ (maximum of 26 spaces)

Agency: _____/Section: _____

Statement Billing Address: _____

City, State, & Zip: _____

Phone #: _____ E-mail Address: _____

Supervisor/Reviewer Signature: _____

Section Two: To be completed by OFSS:

Overall Card Limit: _____

Single Transaction Limit: _____ (Max \$5000)

Number of Purchases Allowed per month: _____ (9th to 8th each month)

Spending Limit per Cycle: _____ (9th to 8th each month)

ACCOUNTING CODE: _____

HIERARCHY: _____

Select appropriate group name from list provided by State Travel

APPROVED BY: _____ DATE: _____

NOTE: This form is to be completed by the cardholder, approved by the supervisor/reviewer and forwarded to OFSS, with the completed cardholder agreement, for processing. Please send to OFSS, P.O. Box 94095, Baton Rouge, LA 70804-9095, or FAX to (225) 342-2606.

Date Application processed and card ordered at OSP: _____

Signature of cardholder that card was picked up at OSP: _____

CARDHOLDER AGREEMENT FORM—State Liability Travel Card

The State of Louisiana (“State”) and Division of Administration are providing you with a State Liability Travel Card. The Travel Card must only be used for State of Louisiana official business travel. All acceptable charges must be in accordance current PPM49 allowances, State of Louisiana State Liability Travel Card and CBA Policy, Division of Administration’s Travel Card and CBA Policy and all current purchasing rules and regulations, if applicable. Applicable rules and policies include, without limitation, the following:

Procurement Rules: <http://www.doa.louisiana.gov/osp/osp.htm>
Policy and Procedure Memorandum 49 (PPM49) <http://www.doa.louisiana.gov/osp/travel/travelpolicy.htm>
State of Louisiana Travel Card Statewide Policy
Division of Administration Travel Card and CBA Policy

I, _____, (“Cardholder”) agree that upon receipt of the Travel Card I shall comply with the applicable rules and policies listed above, this Agreement, and any subsequent revisions to any of the foregoing.

Conditions for Use of Travel Card

As the cardholder, I agree to accept responsibility for all charges against the card and the protection and proper use of the Travel Card as outlined in this Agreement and all relevant rules and policies, which I have read and completely understand. I further agree to:

- (1) Never use the Travel Card for the purpose of paying vendors for allowable purchases of goods and services which are not for official state business travel;
- (2) Never use the Travel Card for personal purchases or personal travel;
- (3) Never allow others to use the Travel Card or use my card for others travel expenses;
- (4) Always obtain and submit all original receipts, invoices and other necessary documents for each transaction as well as verify the charges on the Travel Card and to submit such charges for approval, dispute, credits and/or fraud processing; and
- (5) Always reconcile travel-related charges within the State/Division of Administration prescribed timelines, which is the 18th of each month. I understand and agree that Division of Administration will monitor the use of the Travel Card and that I will be personally liable for any unauthorized use thereof.

Penalties for Misuse of Travel Card

I acknowledge and agree that I understand that in the case of my willful or negligent default of my obligations under this Agreement, the State/Department has the following rights, to the extent authorized by law:

- (1) To deduct any unauthorized charges in accordance with Division of Administration Travel Card and CBA Policy, until all unauthorized Charges are paid in full.
- (2) The State/Division of Administration may pursue any remedy for the recovery of unpaid amounts, including referring of unpaid amounts to an attorney for collection.
- (3) The State/Department may impose any appropriate corrective or disciplinary action permitted, including cancellation of card privileges and or up to termination and possible criminal charges, under applicable law. Once privileges are revoked, for any reason, the cardholder will not be allowed to receive a new card unless prior approval is granted through the Office of State Purchasing and Travel and cash advances shall not be allowed.

Lost Travel Card

If the Travel Card is lost, stolen, or compromised in any manner, I shall immediately notify DOA program administrator and the bank issuing the Travel Card.

Return of Travel Card

Upon notification of my transfer from DOA section, change in duties, termination of employment, suspension, retirement or cancellation of my Travel Card privileges, I agree to notify OFSS and promptly return the Travel Card to DOA State Program Administrator.

Cardholder: _____ Employee ID# _____
Signature: _____ Date: _____

Print Name: _____ **Phone:** _____

Section _____ **E-Mail:** _____

Approving Authority:

Signature: _____ **Date:** _____

Print Name: _____ **Phone:** _____

Section: _____ **E-Mail:** _____