Division of Administration
State Liability Travel Card/CBA Program
Cardholder Enrollment Form

Revised 03/13

☐ New

☐ Change Cardholder Account # _____
(last eight digits only)

☐ Delete Cardholder Account # _____
(last eight digits only)

Section One: 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 Limited: _____

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: _____

Select appropriate group name from list provided by State Travel

Hierarchy: _____

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: _____