Louisiana Corporate Travel Card
Agency Administrator(s) and Implementation Data Sheet

Organization Contacts & Authorization Form	
Department Name:	
Department Head Signature:	Date:

Primary Contact (Program Administrator)		
Name:		
Title:		
Signature:		
Address:		
City/State/Zip:		
Phone Number:	Fax Number:	E-Mail:

Secondary Contact		
Name:		
Title:		
Signature:		
Address:		
City/State/Zip:		
Phone Number:	Fax Number:	E-Mail:

Please FAX completed form to: 225-342-5019