STATE OF LOUISIANA
STATE LIABILITY LaCARTE PURCHASING AND CBA
PROGRAM APPROVER AGREEMENT FORM

As a designated cardholder approver of the State of Louisiana LaCarte Purchasing Card and CBA Program for _____(agency) I am accepting responsibility for the assurance that all charges against the card which I am approving, to the best of my knowledge, were properly charged for legitimate State of Louisiana business needs and travel as initialed and outlined in this agreement, and are in accordance with all purchasing rules and regulations, statutes, executive orders and PPM49, if applicable, and all state and agency policies, which I have read and completely understand.

I further agree:

- ☐ In addition to the responsibilities listed, obtain, understand and comply with all state and agency policy requirements, responsibilities and procedures, PPM49, all purchasing rules, regulations, statutes and executive orders in regards to the State Liability LaCarte Purchasing Card and CBA Program.
- ☐ To ensure that cardholder's state/agency contract purchases do not exceed $5,000 per day/per contract.
- ☐ To ensure that every transaction complies with the terms and conditions of this agreement, the State's Purchasing Card and CBA Policy, my agency policies, all purchasing rules, regulations, statutes and executive orders and State Liability Travel Card Policy and PPM49, if applicable.
- ☐ To obtain agency program training and sign an Approver Agreement Form, annually, acknowledging responsibilities associated with the State liability P-Card Program, with originals given to agency program administrator and will receive a copy for myself.
- ☐ To obtain annual approver certification through the State's online certification training program with a passing grade of at least 90.
- ☐ To ensure that any card requested be for an employee with a need for a card and not an automatic process.
- ☐ To secure all assigned WORKS application User IDs and passwords. Never sharing User ID and passwords and/or leaving work area while logged into the system or leaving log-in information in an unsecure area.
- ☐ To ensure that I will keep well informed of program updates from the agency program administrators or anyone associated with the State Liability LaCarte Purchasing Card Program.

- [ ] To ensure that all online accounts, such as Amazon, PayPal, EBay, etc, if necessary and allowed for use by an employee, have a standalone business account or registration and is not combined with an individual's personal account. By doing this, it will allow me/agency access to view the accounts online while verifying that all purchases were business related, email receipts were not altered and that all purchases are being delivered directly to the agency.

- [ ] To immediately notify the agency's program administrator upon separation, change in department/section or during extended leave for any cardholders for which I am responsible. Ensuring that proper procedures, as outlined in the agency policy, are being followed regarding how to handle approvals properly, etc.

- [ ] To complete exit procedures including collecting and returning card to program administrator, upon termination of the employee. Exit procedures include a review by the cardholder, supervisor and/or program administrator of all current charges on the account, verifying that all necessary supporting documents, receipts and required signatures have been obtained.

- [ ] To ensure that the P-Card is retrieved from the employee upon separation or change in department/section; returning card to the agency program administrator. Ensure that agency program administrator makes necessary changes to cancel the card and to remove me as the employee's approver and/or employee from my list of cardholders for which I am responsible.

- [ ] To immediately notify the agency's program administrator if the card is lost, stolen or has fraudulent charges and to direct the cardholder to immediately report to Bank of America.

- [ ] To ensure that, at a minimum, annually, I will review cardholders and cardholder's limits for all that I am an approver, to ensure appropriate utilization of the card and program intent and that a file is maintained showing compliance with this requirement. Review will also include cardholders limits, MCC Codes, etc., making certain that the card is working properly for the cardholder. If limits or codes are not allowing the cardholder to perform duties, I will contact the agency program administrator to make necessary adjustments.

- [ ] To immediately report any fraud or misuse, whether actual, suspected, or for personal non-business related purchases to the agency program administrator as well as the head of the agency, and other personnel/agencies as required. I agree to participate in any disciplinary actions which may be deemed appropriate, if necessary.

- [ ] To acknowledge that any recognized or suspected misuse of the P-Card program may be anonymously reported to the State of Louisiana Inspector General's Fraud and Abuse Hotline at 1-866-801-2549 or for additional information you may visit http://oig.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&nid=3&pnid=0&pid=4&catid=0

- [ ] To educate my cardholders that monthly memo statements should be received around the 10th of the month, and if it is not, they should notify me and/or the agency program administrator.

- [ ] To ensure transactions do not include State sales tax.

- [ ] To ensure, to the best of my knowledge, that each approved transaction have an appropriate business purpose and need for state business purchase, that each transaction has a receipt and appropriate supporting documentation and each transaction's supporting documentation is scanned into Workflow, once the agency has been implemented, tied to each applicable transaction and that the paper documents match what was scanned into Workflow. In the event that a transaction is being investigated, the cardholder must explain and justify the transaction being questioned.

- [ ] To ensure that every transaction is not a duplication of a personal request and/or reimbursements through the individual travel reimbursement process (travel expense form or travel system), if applicable.

- [ ] To ensure that every transaction has a receipt, receipt's date is verified to ensure the amount is correct and within PPM49 allowance, if applicable, and that the receipt date is accurate and matches a legitimate business purchase and need and/or known business trip allowance and dates. (travel authorization form or travel system), if applicable

- [ ] To ensure the P-Card log has a complete description of each purchase charged to the program if the receipt does not contain an adequate description, both on paper or electronic, once the agency has been implemented into Workflow.

- [ ] To ensure transactions have been coded properly, if applicable, for payments as outlined in the agency policy and procedures and as required in Workflow for ISIS and LaGov interfaced agencies, once Workflow implementation is completed.

- [ ] To ensure that each cardholder's email address is the State of Louisiana business email address and that the cardholder and cardholder's email address match in Workflow, once the agency has been implemented into Workflow.

- [ ] To ensure that a cardholder is NEVER the final approver of his own monthly transactions.

- [ ] Ensure the P-Card log, all receipts/supporting documentation, monthly statement and scanned documentation, once your agency has been implemented into Workflow, coincides.

- [ ] To ensure that all audits/approvals/accounting codes are verified and completed timely for proper payment and forwarded to the agency fiscal section for review and file maintenance, as outlined in the agency policies.

- [ ] To ensure that, once my audits are complete, all receipts, supporting documentation, cardholder log and monthly statement with both cardholder and my signature, findings and

justifications, are forwarded to the agency's fiscal office for review and maintenance of the files, in a timely manner and in accordance with all agency policy requirements.

AS AN APPROVER, I RECOGNIZE THE RESPONSIBILITIES OF CARDHOLDERS ARE SUCH:

- [ ] Cardholder must never use the State P-Card for personal or non-business purchases. P-Card is for State business use only.
- [ ] Cardholder must never loan the card to anyone for use.
- [ ] Cardholder is to ensure that all required transaction documentation, both paper and un-editable electronic format, (once Workflow has been implemented), special approvals, etc., are timely and in accordance with their agency's internal policy. Every transaction must have a receipt with a full description, not a generic description such as "general merchandise" or item should be fully documented/described elsewhere (both paper and un-editable electronic format, (once Workflow has been implemented). Failure to do so should result in cancellation of P-Card. All paper supporting documentation, including the signed P-Card log or approved electronic log and signed memo statement, along with any findings and justifications are to be scanned into Workflow and tied to each applicable transaction, will be sent to the supervisor/approver for required audit and signatures, and to be forwarded to the agency's fiscal office for review and file maintenance.
- [ ] Cardholders may not exceed $5,000 per contract per day.
- [ ] Cardholder must never include full P-Card account number in emails, fax, reports, memos, etc.
- [ ] Cardholder must never attempt to access cash.
- [ ] Cardholder must never accept cash in lieu of a credit to the P-Card account.
- [ ] Cardholder must never place incidentals on State P-Card without Office of State Travel/agency prior approvals, if applicable.
- [ ] Cardholders must never purchase gift cards or gift certificates on their State P-Card.
- [ ] Cardholder must never use P-Card for alcohol, food or entertainment services without prior approval from Office of State Travel/agency.
- [ ] Cardholder must present a personal credit card when checking into a hotel to cover any incidentals, if applicable.
- [ ] Cardholder should never use P-Card for fuel or vehicle maintenance if the agency is part of the Fuel Card and Maintenance Contract. If cardholder is in a geographical location where the contract is not covered, cardholder may use P-Card to purchase gasoline, but only for a rental or state owned vehicle, never for a personal vehicle.
- [ ] Cardholder must never use P-Card to avoid procurement or payment procedures.

- [ ] Cardholder must obtain agency program training and sign a Cardholder Agreement Form, annually, with originals given to agency program administrator along with cardholder receiving a copy.

- [ ] Cardholder must obtain annual cardholder certification through the State's online certification training program with a passing grade of at least 90.

- [ ] Cardholder must secure all assigned WORKS application User IDs and passwords. Never share a User ID and passwords and/or leave a work area while logged into the system or leave log-in information in an unsecure area.

- [ ] Cardholder must never make a payment directly to the bank if unauthorized charges or accidental personal charges are placed on the card. They should immediately contact the agency program administrator.

- [ ] Cardholder must immediately notify approver, Bank of America and the agency program administrators if fraudulent charges are noticed on the State P-Card.

- [ ] Cardholder should always notify approver or the agency program administrator if higher or lower limits are necessary to perform duties.

- [ ] Cardholder must immediately notify Bank of America, approver and the agency program administrator if the P-Card is lost or stolen.

- [ ] Cardholder is to submit signed P-Card log and monthly statement, both signed, along with all supporting documentation for audit so that approver may forward to the agency fiscal office upon approval.

- [ ] I understand that failure to properly fulfill my responsibilities as a P-Card approver could result, at a minimum, in the following:

  - [ ] Written counseling which would be placed in my employee file for a minimum of 12 months.

  - [ ] Consultation with agency program administrator, and possibly head of the agency and Internal Auditor.

  - [ ] Disciplinary actions, up to and including termination of employment.

  - [ ] Legal actions, as allowed by the fullest extent of the law.

I have read and understand all my responsibilities as initialed above, along with all guidelines, policies and procedures, rules and regulations, PPM49, statutes and executive orders, if applicable, associated with the State Liability LaCarte Purchasing and CBA Program.

Approver (please print): _____

Approver Signature: _____

Approver's Agency/Section/Department Name: _____

Approver's Title: _____

Approver's Email Address: _____

Approver's Phone Number: _____

Approver's Fax Number: _____

Date: _____

I am responsible for the following cardholders:

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____