



STATE OF LOUISIANA  
STATE LIABILITY TRAVEL AND CBA  
PROGRAM ADMINISTRATOR AGREEMENT FORM

As an agency program administrator of the State of Louisiana Travel Card and CBA Program for \_\_\_\_\_(agency) I am accepting responsibility for the management of the Travel Card program, for the agency listed above, as outlined in this agreement and which I have initialed by all. I have read and completely understand any and all relevant rules, regulations, State and agency policies.

I further agree:

- In addition to the responsibilities listed, to administer 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 Travel Card and CBA Program and State Liability LaCarte P-Card Policy, if applicable.
- To ensure that I, or someone designated by my agency, has developed policies documenting all internal procedures and allowances along with ensuring that they are in accordance with the guidelines of the State Liability Travel Card/CBA Policy. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, will update the agency policy as necessary with changes/additions which may occur in the agency's internal procedures and/or State's Liability Travel Card/CBA Policy including updating of MCC Codes, as necessary, when provided by the Office of State Purchasing and Travel and Bank of America and notifying all program participants i.e. cardholders, management, approvers other program administration, CBA administrator, etc. of these policies and changes. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, will establish procedures, as part of exit paperwork, for the program administrator or cardholder approver to collect, review current charges, supporting documentation, receipts and required signatures along with return of the card to the program administrator for cancellation and removal of the cardholder from the approver's list of cards in which they are responsible. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure upon separation or change in section/department, that all cards are returned to one of the agency program administrators to be cancelled and destroyed.

- To ensure that I, or someone designated by my agency, will specifically address, in the agency policy, how an employee's absence during approval of transactions will be handled especially when utilizing the Works Workflow system, once agency has been implemented, or through a manual process. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
  
- To ensure that I, or someone designated by my agency, will establish, in the agency policy, procedures for reducing Travel Card profiles to \$1 limits or suspending the card during an extended absence until the cardholder returns to reduce fraud risks. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
  
- To ensure that I, or someone designated by my agency, will establish, in the agency policy, and enforce personnel policies to discipline employees in the event of abuse or failure to comply with established guidelines. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
  
- To ensure that I, or someone designated by my agency, will develop, in the agency policy, procedures for recovering of unauthorized charges and/or overage of allowances as defined in PPM49. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
  
- To ensure that I, or someone designated by my agency, will develop, in the agency policy, procedures for cardholder reimbursement and responsibility for State, city and parish tax reimbursements to applicable hotel, city, parish and/or State to handle hotel charges which are not allowed but were charged resulting in an unauthorized tax exemption. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
  
- To ensure that I, or someone designated by my agency, will develop, in the agency policy, procedures for online accounts, such as Amazon, PayPal, EBay, etc. These types of accounts, if necessary and allowed for use by an employee, must have a standalone business account or registration and must not be combined with an individual's personal account. By doing this, it allows the 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 your agency. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
  
- To ensure that I, or someone designated by my agency, will develop a Travel Card log used to assist in reconciliation process. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
  
- I will ensure that the department head and cardholder approver, at a minimum, annually, review agency cardholders, cardholder limits to ensure appropriate utilization of the card and program intent and that I will maintain a file showing compliance with this requirement. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_

- To ensure that I will keep well informed of program updates as they are sent via email, along with distributing this information to management, cardholders, CBA administrators, approvers and any other agency program participants as deemed appropriate. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that procedures are being followed to make certain that all supporting documentation, including the signed Travel Card log or approved electronic log, once agency has been implemented into Workflow, and signed memo statement will be sent to the supervisor/approver for required audit and signatures, and to be forwarded to the agency's fiscal office for additional review and file maintenance in one central location.
- To ensure that I, or someone designated by my agency, will be responsible for securing and archiving transaction data as required by the business operations of the agency if using Intellilink, as Intellilink data is only available for a 27 month rotating period. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, will determine appropriate cardholders, determining who has a need for the card, not an automatic process upon hiring, and setting profiles for individual cardholder limits for single transactions not exceeding \$5,000, reasonable monthly limits to reflect cardholder needs, daily and/or cycle transaction limits and any allowable MCC Codes. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, will monitor cardholder profiles and charges or needs to determine if limits should be lower or higher and if MCC Codes should be changed. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, will create appropriate cardholders settings or profiles for individual cardholder limits, for an emergency situation, in regards to single transactions, daily and/or cycle transaction limits and any allowable MCC Codes and **NOT** assign all cardholders to the emergency profile, but decide who would need the change in profile settings and limits at the time of the declared emergency. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that each cardholder's State of Louisiana business email address matches cardholder name in the BOA's WORKFLOW system without prior approval from the Commissioner of Administration. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that no card will be issued to program administrators, department head, CBA administrators, auditors, non-State employees or any person whose card was previously revoked due to individual liability Travel Card charge-offs and non-payment, or account has an outstanding balance without prior approval from the Commissioner of Administration. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_

- To ensure that a cardholder's approver must be a supervisor of the cardholder which is at least one level higher than the cardholder. The approver must be the most logical supervisor who is most familiar with the business case and legitimate business needs for the cardholder's transactions. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I obtain, annually, a State Program Travel Agreement Form with original signature from the cardholders, CBA administrators and all cardholder approvers. For all, this must be done prior to releasing a State Travel Card to the cardholder and ensuring that each receives a copy of the signed agreement. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I receive and verify, that new cardholder requests and annual certifications for the cardholders, CBA administrators, program administrators and cardholder approvers have taken and received a passing grade of at least 90 on the State's certification online training sessions as well as my agency policies and procedure training class prior to release of a new, renewed State Travel Card, or assignment of any role for this program. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I submit a "Request for Exception Form" to the Office of State Purchasing and Travel for approval, if higher single purchase limit which exceed \$5,000 are necessary.
- To ensure that I submit a "Request for Exception Form" to the Office of State Purchasing and Travel for approval, if allowance of any MCC Code which are classified as "P" prohibited or "R" restricted, is necessary.
- To ensure that I, or someone designated by my agency, will maintain budgetary controls in regards to the program. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that a card may only remain as an active card, if dormant for a 12 month period, by justification and approval from the Office of State Travel. If approval is granted, the card must be suspended and profile changed to \$1 limit until future need for activation. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, will request cards, users in WORKS, and perform any maintenance necessary for agency cardholders. Issuing secure User ID's for each cardholder, CBA administrator, approver, accountant, auditor, etc. in all WORKS applications. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, will monitor the issuance of cards, ensuring prompt reconciliation of periodic statements, as outlined in my agency and State policies. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_

- To ensure that I will maintain a list of all agency cardholder's names. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I or someone designated by my agency, will establish agency Corporate Business Accounts (CBA's), if applicable, and designate an administrator. Each administrator will be assigned an approver, which should be a supervisor at least one level higher than the administrator, and ensure that CBA administrator understands that they have the same duties, obligations and responsibilities as a cardholder for each transaction along with complete supporting documentation for each transaction, as outlined throughout the policy. This includes scanning of all supporting documentation for each transaction, once implemented into Workflow, and forwarding paper Travel Card log with signature of both administrator and approver or electronic log once approved by administrator and approver; all supporting documentation, along with signed memo statement, by both administrator and approver, to the agency's fiscal office for review and file maintenance. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, will establish and assign, for all ISIS and LaGov agencies, default/override accounting codes for transactions not otherwise coded through the electronic online WORKS Workflow, review and correct P4s, if applicable. These responsibilities would include notification to OSRAP of all instances that will require a change in the agency's structure and updating user restrictions within its instance when using the WORKS Workflow. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, will, for any agency not receiving an interface into their accounting system, be responsible to ensure that the reconciliation is completed and payments are paid in full, timely each month, with ONE electronic funds transfer (EFT) to Bank of America. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, will monitor abuse whether intentional or non-intentional to determine if the card should be cancelled or to determine what action should be taken. Depending on the findings, I will notify management, law enforcement, any appropriate personnel and the Office of State Travel, when applicable. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that a second party, either I or someone in the agency's fiscal section, will, at a minimum, randomly audit all transactions and supporting documentation. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, will educate, through agency training classes, Travel Card program participates, i.e. cardholders, CBA administrators, approvers, other program administrators and management, on use of card, program guidelines and allowances, all responsibilities, along with scanning requirements which requires documentation to be tied to each transaction, once agency has been implemented

into Workflow, as outlined and required in all State and agency policies. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_

To ensure that I, or someone designated by my agency, will educate all Travel Card participants that any recognized or suspected misuse of the Travel Card program should be immediately reported to the agency program administrator and 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 ensure that I, or someone designated by my agency, will ensure that each program participant is given a copy of, or provided a link, for download, of all State and agency policies, rules, regulations, procedures, executive orders, statutes, PPM49, or any applicable to the State Liability Travel and CBA program. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_

To ensure that I, or someone designated by my agency, will educate Travel Card program participants, i.e. cardholders, CBA administrators, approvers and management on State sales tax exemption requirements. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_

To ensure that I, or someone designated by my agency, will educate all program participants on the process of reporting a card lost, stolen and/or any fraudulent activity. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_

To ensure that I, or someone designated by my agency, is responsible and will perform post audits of cardholder transactions to monitor for appropriate use while verifying that purchases are made in accordance with PPM49, State Liability Travel Card Policy, and/or all purchasing rules and regulations, Louisiana Statutes, Executive Orders and State Liability LaCarte Purchasing Card and CBA Policy, if applicable. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_

To ensure that the agency's internal audit section will conduct an agency audit, annually, of the State Travel Card Program. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_

To ensure that once all audit information is forwarded to the agency fiscal office, the fiscal officer reviews receipts in program journal vouchers and correct any necessary coding changes. All documentation must then be housed in the fiscal office. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_

- To ensure that I, or someone designated by my agency, will submit monthly certification that audit requirements listed throughout the State of Louisiana Travel Card Policy, is sent to the Office of State Travel verifying that these reports have been executed, all requirements listed in policy have been completed and necessary findings have been investigated, documented, reported to management and any other personnel, and handled appropriately. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, as part of the audit process, will make certain that all transactions have a receipt and adequate backup supporting documentation, both paper and unalterable electronic copies, once agency has been implemented into Workflow. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, as part of the audit process, will make certain that any transactions do not include State sales tax. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, as part of the audit process, will make certain that all transactions have receipts and that the receipt's date reflects the legitimate business need and/or known business trip dates. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that I, or someone designated by my agency, as part of the audit process, will make certain that all transactions are not a duplication of personal travel reimbursement requests (travel expense form or travel system) If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- To ensure that requests are submitted timely, as specified by auditors/Office of State Travel's personnel, requested monthly for Statewide reviews and requests including justification for each transaction, along with program administrator and agency verification and determination that the transaction was for a business purpose and was in compliance with all State and agency card program policies, purchasing rules and regulations, statutes, executive orders and PPM49. If this is not you, please indicate who in your agency is responsible \_\_\_\_\_
- Although I may not be responsible for all of the duties listed above, I do understand that, as program administrator for my agency, I am responsible to know and understand all program participants' responsibilities, adequately train all program participants and ensure that all State and agency responsibilities are being fulfilled by myself or by the person indicated above.

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

Program Administrator (please print): \_\_\_\_\_

Program Administrator Signature: \_\_\_\_\_

Program Administrator Agency Name: \_\_\_\_\_

Program Administrator Title: \_\_\_\_\_

Program Administrator Email Address: \_\_\_\_\_

Program Administrator Phone Number: \_\_\_\_\_

Program Administrator Fax Number: \_\_\_\_\_

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