



State of Louisiana
Office of Finance & Support
LaCarte Card Program

CBA Account Request

Section I. To be completed by the Agency/Section Coordinator:

Agency: _____ / Section: _____

Cardholder Name: _____ E-Mail Address: _____

Statement Billing Address:	
City/State/Zip	

Phone #: _____

Section Head / Appointee: _____

Section II: To be completed by OFSS:

Overall CBA Limit: _____

Single Transaction Limit: _____

Number of Purchases Allowed per month: _____

Spending Limit per Cycle: _____

Accounting Code: _____

Hierarchy: _____

Appointing Authority: _____ Date: _____

NOTE: This form is to be completed by the Agency/Section Coordinator, approved by the Section Head/Appointee 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 & Card Ordered: _____ Initials: _____