

Office of Finance and Support Services

State of Louisiana

Division of Administration

JEFF LANDRY
GOVERNOR



TAYLOR F. BARRAS
COMMISSIONER OF ADMINISTRATION

EQUIPMENT FINANCING PROGRAM APPLICATION

Date: _____

Department: _____ Agency Number: _____

Agency Name: _____

Estimated Loan Amount: _____

Financing Term Requested (3 or 5 Years): _____

Payment Frequency (Monthly, quarterly, annually): _____

Estimated Delivery Date: _____

Is purchase for a vehicle (s): Yes No

Vehicle purchases are contingent upon LPAA approval. Applicant must submit request to LPAA as part of application process.

State Contract or Bid purchase: _____

Contract and line numbers (provide copy of order sheet): _____

Provide detail description of item if it's not on contract or contract line number is unknown and quote if possible:

Funding may be approved at the discretion of the program administrator and pending budget approval when it has been determined to be in the best interest of the State of Louisiana.

Email (1) completed Application, (2) formal request on agency letterhead (signed by authorized agent), (3) completed Certificate of Incumbency Form, (4) completed Certificate of Equipment Use Form (Exhibit D), and (5) LPAA request cover letter (if applicable) to ofss.equipmentfinancing@la.gov

For OFSS use only:

Equipment Loan Number: _____

☐ Funding Available ☐ Funding Not Available ☐ IPM ☐ LEAF

Equipment Financing Director - Signature / Date

☐ Approved ☐ Denied ☐ IPM ☐ LEAF

Deputy Undersecretary 3 - Signature / Date