

**DIVISION OF ADMINISTRATION  
STATE LIABILITY PURCHASING PROGRAM  
CARDHOLDER ENROLLMENT FORM**

REVISED 03/14

NEW

CHANGE – CARDHOLDER ACCOUNT # \_\_\_\_\_  
(last eight digits only)

DELETE - CARDHOLDER ACCOUNT # \_\_\_\_\_  
(last eight digits only)

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**Section I: To be completed by Cardholder:**

Cardholder Name: \_\_\_\_\_ ( maximum of 26 spaces)

Agency: \_\_\_\_\_/Section: \_\_\_\_\_

Statement Billing Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Supervisor/Reviewer Signature: \_\_\_\_\_  
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**Section Two: To be completed by OFSS:**

Overall Card Limit: \_\_\_\_\_

Single Transaction Limit: \_\_\_\_\_ (Max \$5000)

Number of Purchases Allowed per month: \_\_\_\_\_ (9<sup>th</sup> to 8<sup>th</sup> each month)

Spending Limit per Cycle: \_\_\_\_\_ (9<sup>th</sup> to 8<sup>th</sup> each month)

ACCOUNTING CODE: \_\_\_\_\_

HIERARCHY: \_\_\_\_\_

Select appropriate group name from list provided by State Travel

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: \_\_\_\_\_

Assigned 9-digit Code: \_\_\_\_\_

**ATTACHMENT B**

The State of Louisiana ("State") and Division of Administration are providing you with a Corporate Liability Purchase Card. The Purchase Card must only be used for State of Louisiana official state business. All acceptable charges must be in accordance current State of Louisiana Corporate Liability Purchase Card and CBA Policy, Division of Administration's Purchase Card and CBA Policy and all current purchasing rules and regulations, executive order, statues, along with PPM49, if applicable. Applicable rules and policies include, without limitation, the following:

Procurement Rules: <http://www.doa.louisiana.gov/osp/osp.htm>  
Policy and Procedure Memorandum 49 (PPM49) <http://www.doa.louisiana.gov/osp/travel/travelpolicy.htm>  
State of Louisiana Corporate Liability Purchase Card and CBA Statewide Policy  
Division of Administration Purchase Card and CBA Policy

I, \_\_\_\_\_, ("Cardholder") agree that upon receipt of the Purchase Card I shall comply with the applicable rules and policies listed above, this Agreement, and any subsequent revisions to any of the foregoing.

Conditions for Use of Purchase Card

As the cardholder, I agree to accept responsibility for all charges against the card and the protection and proper use of the Purchase Card as outlined in this Agreement and all relevant rules and policies, which I have read and completely understand. I further agree to:

- (1) Never use the Purchase Card for the purpose of paying vendors for allowable purchases of goods and services which are not for official state business;
- (2) Never use the Purchase Card for personal purchases;
- (3) Never allow others to use the Purchase Card or use my card;
- (4) Always obtain and submit all original receipts, invoices and other necessary documents for each transaction as well as

verify the charges on the

Purchase Card and to submit such charges for approval, dispute, credits and/or fraud processing; and

- (5) Always reconcile charges within the State/Division of Administration prescribed timelines, which is the 15<sup>th</sup> of each

month.

I understand and agree that Division of Administration will monitor the use of the Purchase Card and that I will be personally liable for any

unauthorized use thereof.

Penalties for Misuse of Purchase Card

I acknowledge and agree that I understand that in the case of my willful or negligent default of my obligations under this Agreement, the State/Department has the following rights, to the extent authorized by law:

- (1) To deduct any unauthorized charges in accordance with Division of Administration Purchase Card and CBA Policy, until all unauthorized Charges are paid in full.
- (2) The State/Division of Administration may pursue any remedy for the recovery of unpaid amounts, including referring of unpaid amounts to an attorney for collection.
- (3) The State/Department may impose any appropriate corrective or disciplinary action permitted, including cancellation of card privileges and or up to termination and possible criminal charges, under applicable law. Once privileges are revoked, for any reason, the cardholder will not be allowed to receive a new card unless prior approval is granted through the Office of State Purchasing and Travel.

Lost Purchase Card

If the Purchase Card is lost, stolen, or compromised in any manner, I shall immediately notify DOA program administrator and the bank issuing the Purchase Card.

Return of Purchase Card

Upon notification of my transfer from DOA section, change in duties, termination of employment, suspension, retirement or cancellation of my Purchase Card privileges, I agree to notify OFSS and promptly return the Purchase Card to DOA State Program Administrator.

**Cardholder:** \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Section \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Appointing Authority:**

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_