

**OFFICE OF THE STATE REGISTER INSERTION ORDER** (eff.08/02)

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(SUBMIT A SEPARATE INSERTION ORDER PER DOCUMENT)

**EMERGENCY RULE**     **NOTICE OF INTENT**     **RULE**     **POTPOURRI**

**REFER TO INSTRUCTIONS ON REVERSE SIDE**

This is your authority to publish in the (month) \_\_\_\_\_, 20 \_\_\_\_ *Louisiana Register* the document indicated above.

\_\_\_\_\_  
Office/Board/Commission promulgating this document

\_\_\_\_\_  
Department under which office/board/commission is classified

\_\_\_\_\_  
(name) (title)  
Name and title of person whose signature will appear in the publication (at the end of the document)

\_\_\_\_\_  
(name) (phone) (fax)  
Name, phone number, and FAX number of person to contact regarding this document

\_\_\_\_\_  
E-mail address of contact person

\_\_\_\_\_  
Short descriptive listing for this document to be used in the *Louisiana Register's* **TABLE OF CONTENTS/INDEX**

\_\_\_\_\_  
File name

**Important:** If submitting both an Emergency Rule (ER) and a Notice of Intent (NOI) to be published this month, **AND** if the rule text in the ER is identical to the rule text in the NOI, check here:

\_\_\_\_\_  
Signature of Agency Head or Designee

\_\_\_\_\_  
Print Name and Title of Agency Head or Designee

**CERTIFICATION OF AVAILABLE FUNDS**

**DOCUMENT #** \_\_\_\_\_

**ISIS AGENCY:** I certify the availability of fiscal year \_\_\_\_\_ appropriated funds for the payment of the above referenced publication and authorize the processing of an Interagency Billing with the following coding on the 30th of the month of the publication. Attach supplemental sheet for additional lines of coding.

\_\_\_\_\_  
AGENCY      ORGANIZATION #      OBJECT      SUB-OBJECT      REPORTING CATEGORY

**NON-ISIS AGENCY:** I certify the availability of fiscal year \_\_\_\_\_ appropriated funds for the payment of the above referenced publication and agree to place corresponding invoice in line for payment upon receipt.

**Billing Address for Agencies:**

\_\_\_\_\_  
Signature of Agency Head or Designee - Phone #

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Street Address or Post Office Box

\_\_\_\_\_  
City      State      Zip Code

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