

STATE OF LOUISIANA CARD PROGRAM- PROGRAM ADMINISTRATOR AGREEMENT FORM

The State of Louisiana (“State”) and _____ (Agency name) are charging me the responsibility for the management of my agency’s Card Program. The Card must only be used for State of Louisiana official business. All acceptable charges must be in accordance with current PPM49 allowances, Statewide Card Policy, _____ (Agency name) Policy, and all current purchasing rules and regulations, if applicable.

I _____ (“Program Administrator”) agree that I shall comply with the applicable rules and policies listed above, this Agreement, and any subsequent revisions to any of the foregoing.

Conditions for State of Louisiana Card Program

As the Administrator, I agree to ensure all charges against the card are proper as outlined in this Agreement and all relevant rules and policies, which I have read and completely understand. I further agree to:

- (1) Ensure my agency has developed and maintained polices documenting internal procedures and allowances that are in accordance with Statewide Card Policy;
- (2) Ensure all users are notified of changes to agency policies;
- (3) Ensure upon separation of any agency employee that all cards are returned to me;
- (4) Immediately notify the Office of State Travel of any issues or problems.

Penalties for Misuse of State of Louisiana Card Program

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/ _____ (Agency name) has the following rights, to the extent authorized by law:

- (1) The State may pursue any remedy for the recovery of improperly charged amounts, including referral to the Office of Debt Recovery for collection;
- (2) The State/ _____ (Agency name) may pursue any appropriate corrective action including, discipline up to dismissal, and criminal charges.

Administrator

Personnel Number: _____

Signature: _____

Date: _____

Print Name: _____

Phone: _____

Section: _____

E-Mail: _____