CARDHOLDER AGREEMENT FORM — TRAVEL CARD

The State of Louisiana ("State") and Travel Card must only be used for State of Louisiana PPM49 allowances, State of Louisiana State Travel Policy, and all current purchasing rules and regulation	are providing you with a State Travel Card. The official business travel. All acceptable charges must be in accordance with current Card and CBA Policies,Travel ons, if applicable.
I ("Cardholder") agree that upon receipt of the Tra Agreement, and any subsequent revisions to any of t	evel Card I shall comply with the applicable rules and policies listed above, this he foregoing.
	or all charges against the card and the protection and proper use of the Travel Card and policies, which I have read and completely understand. I further agree to:
official state business travel; (2) Never use the Travel Card for personal pure (3) Never allow others to use the Travel Card of	of paying vendors for allowable purchases of goods and services which are not for chases or personal travel; or use my card for other's travel expenses; roices and other necessary documents for each transactions as well as verify the
charges on the Travel Card and to submit su (5) Always reconcile travel-related charges w	ithin the State/ A/ will monitor the use of
Travel Card and that I will be personally lia	ble for any unauthorized use thereof.
	e case of my willful or negligent default of my obligations under this Agreement, has the following rights, to the extent authorized by law:
 (1) The State/DOA/	may pursue any remedy for the recovery of improperly Office of Debt Recovery for collection; may pursue any appropriate corrective action, including p to dismissal, and criminal charges. Once privileges are revoked, for any reason, we a new card unless prior approval is granted through the Office of State Travel.
<u>Lost Travel Card</u> If the Travel Card is lost, stolen, or compromised in program administrator and the bank issuing the Trav	any manner, I shall immediately notifyel Card.
suspension, retirement, or cancellation of my Travel	, change in duties, termination of employment, Card privileges, I agree to notify avel Card to
<u>Cardholder</u>	Personnel Number:
Signature:	Date:
Print Name:	Phone:
Section:	E-Mail:
Approving Authority	
Signature:	Date:
Print Name:	Phone:
Section:	E-Mail: