

Office of Finance and Support Services
State of Louisiana
Division of Administration

JOHN BEL EDWARDS
GOVERNOR



JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

EQUIPMENT FINANCING PROGRAM APPLICATION

Date: _____

Agency Name: _____ Agency Number: _____

Estimated Loan Amount: _____

Financing Term Requested {36 or 60 months}: _____

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 and Payment Schedule Number: _____

Funding Available Funding Not Available

Equipment Financing Administrator Signature / Date

Approved Denied

Assistant Commissioner Signature / Date