

OFFICE OF THE STATE REGISTER INSERTION ORDER
 Claiborne Building 1201 North Third Street Suite 3-220 Post Office Box 94095
 Baton Rouge, LA 70804-9095 (225)342-5015 FAX (225)342-0284

(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 # _____

LAGOV 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.

Business Area	General Ledger	Cost Center	Grant	Fund	WBS	Internal Order	Functional

NON-LAGOV 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 Contact Information:

Signature of Agency Head or Designee

Phone Number

Agency Name

Agency Contact Person for Billing

Agency E-Mail Address for Billing

Per Page Charge _____ + Revision Charge \$ _____ = TOTAL \$ _____