${\bf CARDHOLDER\ AGREEMENT\ FORM-LACARTE\ PURCHASING\ CARD}$

must be in accordance with current PPM49 allowa	are providing you with a State LaCarte ust only be used for State of Louisiana official business. All acceptable charges inces, State of Louisiana State LaCarte Purchasing Card and State Travel CBA licy, and all current purchasing rules and regulations, if applicable.
I ("Cardholder") agree that upon receipt of the LaCarte Purchasing Card I shall comply with the applicable rules and policies listed above, this Agreement, and any subsequent revisions to any of the foregoing.	
	r all charges against the card and the protection and proper use of the LaCarte ll relevant rules and policies, which I have read and completely understand. I
which are not for official state business; (2) Never use the LaCarte Purchasing Card for (3) Always obtain and submit all receipts, inv charges on the LaCarte Purchasing Card at and (4) Always recognile charges within the State	oices and other necessary documents for each transactions as well as verify the nd to submit such charges for approval, dispute, credits, and/or fraud processing;
agree that DOA/	will monitor the use of LaCarte Purchasing Card and that I will be hereof.
the State/	case of my willful or negligent default of my obligations under this Agreement, has the following rights, to the extent authorized by law: may pursue any remedy for the recovery of improperly charged Debt Recovery for collection;
	may pursue any appropriate corrective action, including cancellation issal, and criminal charges. Once privileges are revoked, for any reason, the new card unless prior approval is granted through the Office of State Travel.
Lost LaCarte Purchasing Card If the LaCarte Purchasing Card is lost, stolen, or comprogram administrator and the bank issuing the LaCa	npromised in any manner, I shall immediately notifyarte Purchasing Card.
Return of LaCarte Purchasing Card Upon notification of my transfer from, change in duties, termination of employment, suspension, retirement, or cancellation of my LaCarte Purchasing Card privileges, I agree to notify program administrator and to promptly return the LaCarte Purchasing 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: