

STATE OF LOUISIANA PCARD & TRAVEL CARD PROGRAM

PROGRAM ADMINISTRATOR FORM

Agency Name: _____

Program (Check One):

- PCard Program Only
- Travel Card Program Only

Program Administrator(s):

_____	_____	_____
Print Name: Program Administrator	Personnel Number	Signature (Primary PA)

_____	_____	_____
Email Address		Phone Number

_____	_____	_____
Print Name: Program Administrator	Personnel Number	Signature (Backup PA)

_____	_____	_____
Email Address		Phone Number

_____	_____	_____	_____
Office Physical Address	City	State	Zip

_____	_____	_____	_____
Office Mailing Address (if different from above)	City	State	Zip

Please include a copy of the Agreement Form and training certificate with the form submission

I, _____, Department Head of _____ (Agency Name) hereby authorize the above employee to act on behalf of the Agency for the Statewide Credit Card Program(s) identified above as the Program Administrator.

_____	_____	_____
Print Name: Department Head	Department Head Signature	Date

Scan or Email this form to:

Kathleen Patrick Kathleen.Patrick@la.gov for PCard Program
Shelita Woods Shelita.Woods@la.gov for Travel Card Program