

State of Louisiana
Purchasing and Travel Card Program
Program Administrator Form

Agency Name: _____

Program (Check One):

- Purchasing Card Program Only
 Travel Card Program Only
 Both Purchasing Card and Travel Card Program

ADD NEW PROGRAM ADMINISTRATOR

Name (Please Print) of Program Administrator to be **ADDED** Role (Primary or Backup) Effective Date

Office Physical Address City State Zip

Office Mailing Address, if different from above City State Zip

Phone / FAX Email Address

New Program Administrator's Signature New Program Administrator's Personnel Number

Supervisor's Name Supervisor's Email Address

****Please include a copy of agreement form and training certificate with form submission**

Delete PROGRAM ADMINISTRATOR

Name (Please Print) of Program Administrator to be **ADDED** Role (Primary or Backup) Effective Date

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.

Department Head (Please Print)

Department Head Signature

Date

Scan and Email this form to
Brenda Myers brenda.myers@la.gov for Purchasing Card
Shelita Woods shelita.woods@la.gov for Travel Card