## ${\bf NSU\,ADMINISTRATOR\,AGREEMENT\,FORM-LACARTE\,PURCHASING\,CARD}$

The State of Louisiana and Northwestern State University are charging me the responsibility for the management of my agency's LaCarte Purchasing Card. The LaCarte Purchasing Card must only be used for State of Louisiana official business. All acceptable charges must be in accordance with current PPM49 allowances, State of Louisiana State LaCarte Card and CBA Policies, Northwestern State University's Policy, and all current purchasing rules and regulations, if applicable.	
agree that I and any subsequent revisions to any of the foregoing	shall comply with the applicable rules and policies listed above, this Agreement,
Conditions for LaCarte Purchasing Card Program  As the Administrator, I agree to ensure all charges against the card are proper as outlined in this Agreement and all relevant rules and policies, which I have read and completely understand. I further agree to:	
<ol> <li>Ensure my agency has developed and maint accordance with State Liability Purchasing</li> <li>Ensure all users are notified of changes to a</li> <li>Ensure upon separation of any agency empl</li> <li>Immediately notify the Office of State Trav</li> </ol>	gency policies; oyee that all cards are returned to me;
Penalties for Misuse of LaCarte Purchasing Card Program I acknowledge and agree that I understand that in the case of my willful or negligent default of my obligations under this Agreement, the State/ Northwestern State University has the following rights, to the extent authorized by law:	
<ol> <li>The State may pursue any remedy for the recovery of improperly charged amounts, including referral to the Office of Debt Recovery for collection;</li> <li>The State/Northwestern State University may pursue any appropriate corrective action including, discipline up to dismissal, and criminal charges.</li> </ol>	
Administrator NSU ID # :	LEO Personnel #:
Signature:	Date:
Print Name:	Phone:

E-Mail:

Section: