

Northwestern State University
P-Card
LA CARTE PROGRAM
CARDHOLDER/APPROVER ENROLLMENT/CHANGE FORM

Organization Unit Title _____

- NEW RECERTIFICATION
- CHANGE CARDHOLDER ACCOUNT # _____ (last 4 of card)
- DELETE CARDHOLDER ACCOUNT # _____ (last 4 of card)

Section I: To be completed by: **Cardholder** / **Approver**

Employee Status: Classified Unclassified

Employee Name: _____ CWID #: _____
Please Print (maximum of 26 spaces)

Budget Unit Head: _____ Budget Unit Title: _____
(Charged to the account with the largest % of cardholder's salary)

Office Mailing Address: _____ Phone #: _____

Email: _____

City, State, & Zip: _____

Approved By: _____
Cardholder's Approver

Approved By: _____
Budget Unit Head

Approved By: _____
Approving Agent

Section II: To be completed by NSU Business Affairs

Overall Card Limit: **\$10,000**

Single Transaction Limit: **Cannot exceed \$1,000**

Number of Purchases Allowed Per Month: _____ (1st to last day each month)

Spending Limit per Cycle: _____ (1st to last day each month)

*MCC Restrict/Add Codes: _____ Justification: _____
**(no charge will automatically accept state recommendations)*

HIERARCHY:

LEVEL 1:	Louisiana LaCarte	<u> 5511616 </u>
LEVEL 2:	Non-ISIS Agency	<u> 0000002 </u>
LEVEL 3:	NSU	_____
LEVEL 4:	President	_____
LEVEL 5:	Vice President	_____
LEVEL 6:	Budget Unit Head	_____
LEVEL 7:	_____	_____

Note: This form is to be completed by the cardholder and approved by the Organization Unit Head and Supervisor/Approving Agent. Forwarded to Business Affairs - Purchasing with the completed cardholder agreement for processing. Please send via campus mail or Fax to 318-357-4378.

Date Application Processed: _____ Submitted to Bank by: _____