

State of Louisiana
Purchasing and Travel Card Program
Program Administrator Form

Agency Name: _____

Program (Check One):

Purchasing Card Program Only

Travel Card Program Only

Program Administrator(s)

Name (Please Print) of Program Administrator

Personnel Number

Signature (Primary PA)

Email address

Phone number

Name (Please Print) of Program Administrator

Personnel Number

Signature (Backup PA)

Email address

Phone number

Office Physical

City

State

Zip

Office Mailing Address, if different from above

City

State

Zip

Please include a copy of agreement form and training certificate with 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.

Department Head (Please Print)

Department Head Signature

Date

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