

**APPROVER AGREEMENT FORM — LACARTE PURCHASING CARD**

The State of Louisiana (“State”) and \_\_\_\_\_ are providing an employee you supervise with a State 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 and Travel Card and CBA Policies, \_\_\_\_\_ Policy, and all current purchasing rules and regulations, if applicable.

I (“Approver”) agree that I shall comply with the applicable rules and policies listed above, this Agreement, and any subsequent revisions to any of the foregoing.

Conditions for Use of LaCarte Purchasing Card

As the Approver, 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:

- (1) Never approve the use of the LaCarte Purchasing Card for the purpose of paying vendors for allowable purchases of goods and services which are not for official state business;
- (2) Never approve the use of the LaCarte Purchasing Card for personal purchases or personal travel;
- (3) Never approving charges incurred by anyone other than the cardholder;
- (4) Always verify the charges on the LaCarte Purchasing Card and to reject any charges not in compliance with applicable rules and policies; and
- (5) Ensure the cardholder has reconciled all charges within the \_\_\_\_\_ prescribed timelines, but in no instance later than 15 days past the statement date. I understand and agree that \_\_\_\_\_ will monitor the use of LaCarte Purchasing Card and that the cardholder will be personally liable for any unauthorized use thereof.

Penalties for Misuse of LaCarte Purchasing Card

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/ \_\_\_\_\_ has the following rights, to the extent authorized by law:

- (1) The State may pursue any remedy for the recovery of improperly charged amounts, including referral to the Office of Debt Recovery for collection;
- (2) The State/ \_\_\_\_\_ may pursue any appropriate corrective action, including cancellation of card privileges, discipline up to dismissal, and criminal charges. Once privileges are revoked, for any reason, the cardholder will not be allowed to receive a new card unless prior approval is granted through the Office of State Travel.

Lost LaCarte Purchasing Card

If the LaCarte Purchasing Card is lost, stolen, or compromised in any manner, I shall immediately notify my \_\_\_\_\_ program administrator and the bank issuing the LaCarte Purchasing Card.

Return of LaCarte Purchasing Card

Upon the transfer, change in duties, termination of employment, suspension, retirement, or cancellation of the cardholder, I agree to notify my \_\_\_\_\_ program administrator and to promptly return the LaCarte Purchasing Card to my \_\_\_\_\_ program administrator.

I am responsible for the following cardholders:

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

**Approver**

Personnel Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Section: \_\_\_\_\_

E-Mail: \_\_\_\_\_