

**OFFICE OF THE STATE REGISTER INSERTION ORDER** (eff.08/02)Claiborne Building 1201 North Third Street Suite 3-220 Post Office Box 94095  
Baton Rouge, LA 70804-9095 (225)342-5015 FAX (225)342-0284

(SUBMIT A SEPARATE INSERTION ORDER PER DOCUMENT)

☐ **EMERGENCY RULE**    ☐ **NOTICE OF INTENT**    ☐ **RULE**    ☐ **POTPOURRI**  
Adoption Date of EMR: \_\_\_\_\_  
Effective Date of EMR: \_\_\_\_\_

**REFER TO INSTRUCTIONS ON REVERSE SIDE**This is your authority to publish in the (month) \_\_\_\_\_, 20 \_\_\_\_ *Louisiana Register* the document indicated above.\_\_\_\_\_  
Office/Board/Commission promulgating this document\_\_\_\_\_  
Department under which office/board/commission is classified\_\_\_\_\_  
(name) (title)  
Name and title of person whose signature will appear in the  
publication (at the end of the document)\_\_\_\_\_  
(name) (phone) (fax)  
Name, phone number, and FAX number of person to contact  
regarding this document\_\_\_\_\_  
E-mail address of contact person\_\_\_\_\_  
Short descriptive listing for this document to be used in  
the *Louisiana Register's* **TABLE OF CONTENTS/INDEX**\_\_\_\_\_  
File name

**Important:** If submitting both an Emergency Rule (ER) and a Notice  
of Intent (NOI) to be published this month, **AND** if the rule text in the  
ER is identical to the rule text in the NOI, check here: ☐

\_\_\_\_\_  
Signature of Agency Head or Designee\_\_\_\_\_  
Print Name and Title of Agency Head or Designee**CERTIFICATION OF AVAILABLE FUNDS****DOCUMENT #** \_\_\_\_\_

**LAGOV AGENCY:** I certify the availability of fiscal year \_\_\_\_\_ appropriated funds for the payment of the above referenced publication and  
authorize the processing of an Interagency Billing with the following coding on the 30th of the month of the publication. Attach supplemental sheet for  
additional lines of coding.

Business Area	General Ledger	Cost Center	Grant	Fund	WBS	Internal Order	Functional
------------------	----------------	-------------	-------	------	-----	-------------------	------------

**NON-LAGOV AGENCY:** I certify the availability of fiscal year \_\_\_\_\_ appropriated funds for the payment of the above referenced publication and  
agree to place corresponding invoice in line for payment upon receipt.

**Billing Contact Information:**\_\_\_\_\_  
Signature of Agency Head or Designee - Phone #\_\_\_\_\_  
Agency Name\_\_\_\_\_  
Agency Contact Person for Billing\_\_\_\_\_  
Agency E-Mail Address for Billing**NOTE: Detailed billing information will be provided via a publishing  
invoice sent to the Billing Contact Information provided.**