

**Louisiana Department of Public Safety and Corrections**  
**Public Safety Services**  
**Corporate Liability "LaCarte" Purchasing Card Enrollment / Change Form**

New       Change       Delete/Close Cardholder Account #

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

Cardholder Name:

Employee Personnel ID#:

Budget Unit Name:

Section/Troop Name:

Home Address:

City, State, & Zip:

Business Phone #:

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**Section II: To be completed by Budget Unit Head**

Agency Name:

Agency Number:

Section/Troop Organization Number:

**Cardholder Authorization Limits (Please Select One)**

**Monthly Spending Limit with Single Transaction Limit:**

\$1,000.00 / \$500.00

\$5,000.00 / \$500.00

\$5,000.00 / \$1,000.00

\$10,000.00 / \$1,000.00

\$20,000.00 / \$1,000.00

\$ \_\_\_\_\_ / \$ \_\_\_\_\_ (Justification provided)

Cardholder Approver/Reviewer Name:

Budget Unit Head or Designee Name:

I approve the above named individual's request for a Louisiana "LaCarte" Purchase Credit Card.

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

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

Budget Unit Head

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**Administrative Use Only:**

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

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

Program Administrator

**Please return original to: Dept. of Public Safety, P. O. Box 66614, Box B-13 Baton Rouge, LA 70896**