

**OFFICE OF JUVENILE JUSTICE
STATE CORPORATE TRAVEL CARD/CBA PROGRAM
CARDHOLDER ENROLLMENT FORM**

NEW

CHANGE – CARDHOLDER ACCOUNT # _____
(last eight digits only)

DELETE - CARDHOLDER ACCOUNT # _____
(last eight digits only)

Section I: To be completed by Cardholder:

Cardholder Name: _____ (maximum of 26 spaces)

Agency: _____/Section: _____

Statement Billing Address: _____

City, State, & Zip: _____

Phone #: _____ E-mail Address: _____

Supervisor/Reviewer Signature: _____

Section Two: To be completed by OJJ:

Overall Card Limit: _____

Single Transaction Limit: _____ (Max \$5000)

Number of Purchases Allowed per month: _____ (9th to 8th each month)

Spending Limit per Cycle: _____ (9th to 8th each month)

ACCOUNTING CODE: _____

HIERARCHY: _____
Select appropriate group name from list provided by State Travel

APPROVED BY: _____ DATE: _____

NOTE: This form is to be completed by the cardholder, approved by the supervisor/reviewer and forwarded to OJJ with the completed cardholder agreement for processing. Please send to OJJ, P.O. Box 66458, Baton Rouge, LA 70896, or FAX to (225) 287-7931.

Date Application processed and card ordered at OJJ: _____

Signature of cardholder that card was picked up at OJJ: _____