

UNIVERSITY OF LOUISIANA AT LAFAYETTE
LACARTE PURCHASING AND/OR TRAVEL CARD
CARDHOLDER ENROLLMENT FORM

SECTION I – to be completed by Department Head/Dean

NAME _____

EMPLOYEE ULID # (C #) _____

JOB TITLE _____

DEPARTMENT NAME _____

DEPARTMENT FUND AND ORG _____

OFFICE MAILING ADDRESS (PO BOX) _____

CITY/STATE/ZIP _____

PHONE NO. _____

EMAIL ADDRESS _____

SUPERVISOR'S NAME _____

SUPERVISOR'S ULID (C #) _____

LACARTE CARD PERMISSIONS _____ GENERAL PURCHASES _____ TRAVEL

Note: Unless otherwise noted by Department Head, Single Transaction Limits will be set at the state approved limit of \$5,000, and cardholders will have restaurant purchase permissions that can be used with an approved Special Meals Request. If a lower limit is requested, please indicate dollar amount here. _____

I approve the above named individual for a LaCarte card.

SIGNED BY _____ DATE _____
(Department Head, Dean, etc)

SECTION II – To be completed by Program Administrator (Purchasing Dept)

APPROVED BY _____ DATE _____
Procurement & Travel Card Manager