

## STATE OF LOUISIANA CARD PROGRAM- CARDHOLDER AGREEMENT FORM

The State of Louisiana and Department of Health are providing you with a Card from the State of Louisiana Card Program. The Card must only be used for State of Louisiana official business. All acceptable charges must be in accordance with current PPM49 allowances, Statewide Card Policy, Department of Health Policy, and all current purchasing rules and regulations, if applicable.

I \_\_\_\_\_ (“Cardholder”) agree that upon receipt of the Card, I shall comply with the applicable rules and policies listed above, this Agreement, and any subsequent revisions to any of the foregoing.

### **Conditions for State of Louisiana Card Program**

As the cardholder, I agree to accept responsibility for all charges against the card and the protection and proper use of the Card as outlined in this Agreement and all relevant rules and policies, which I have read and completely understand. I further agree to:

- 1) Never use the Card for the purpose of paying vendors for allowable purchases of goods and services which are not for official state business;
- 2) Never use the Card for personal purchases or personal travel;
- 3) Never use the Card for another’s employee’s travel expenses unless you are a CBA accountholder;
- 4) Always obtain and submit all receipts, invoices and other necessary documents for each transactions as well as verify the charges on the Card and to submit such charges for approval, dispute, credits, and/or fraud processing;
- 5) Always reconcile charges within the State/Department of Health prescribed timelines. I understand and agree that DOA/LDH will monitor the use of the Card and that I will be personally liable for any unauthorized use thereof.

### **Penalties for Misuse of State of Louisiana Card Program**

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/Department of Health has the following rights, to the extent authorized by law:

- 1) The State/DOA/LDH may pursue any remedy for the recovery of improperly charged amounts, including referral to the Office of Debt Recovery for collection;
- 2) The State/Department of Health 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 Card**

If the Card is lost, stolen, or compromised in any manner, I shall immediately notify the Department of Health Program Administrator and the issuing bank.

### **Return of Card**

Upon notification of my transfer, change in duties, termination of employment, suspension, retirement, or cancellation of my Card privileges, I agree to notify the Department of Health Program Administrator and to promptly return the Card to my Department of Health Program Administrator.

### **Cardholder**

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

Department: \_\_\_\_\_ Facility: \_\_\_\_\_

Office/Program/Region/Group: \_\_\_\_\_

Sub Office/Program/Region/Group: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Office Location/Address: \_\_\_\_\_

### **Approving Authority**

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

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

Department/Section/Group: \_\_\_\_\_ E-Mail: \_\_\_\_\_