

**LOUISIANA DEPARTMENT OF HEALTH
LACARTE PROGRAM
CARDHOLDER REQUEST FOR LIMIT CHANGES**

Section I:

Cardholder Name: _____ Personnel # **P** _____
(maximum of 23 spaces)

Office Name: _____

Employee Signature: _____

Section II: To be completed by Supervisor/Reviewer with final approval by Program Administrator. Supervisor/Reviewer will be responsible for reviewing and approving monthly statements and supporting documentation and assuring that expenditures are valid and that all expenditures are coded in the Bank of America WORKS System.

Current Monthly Cycle Card Limit: _____
(\$ Amt that can be spent during cycle which runs from 6th to 5th)

Requested Monthly Cycle Card Limit: _____
(\$ Amt that can be spent during cycle which runs from 6th to 5th)

Single Transaction Limit: _____
(Max \$5000)

Number of Purchases Allowed per **day**: _____
(6TH TO 5TH each month)(Can be unlimited)

Supervisor/Reviewer Full Name: _____ E-mail address: _____

Supervisor/Reviewer Signature: _____

REASON/JUSTIFICATION FOR INCREASE

APPROVED BY: _____ DATE: _____

Date Application processed by ProgAdm: _____ Submitted to Bank By: _____

NOTE: This form is to be forwarded to the LDH LaCarte Program Administrators, c/o Division of Safety/Security & Administrative Services; LDHPCardProgramAdmin@la.gov