



LOUISIANA TECH
UNIVERSITY®

PURCHASING DEPARTMENT
LACARTE PURCHASING CARD APPLICATION

Section 1: To be completed by cardholder and approver.

Cardholder's Name: _____

Social Security #: _____ Job Title: _____

Department Name: _____

Cost Center (Program/Grant/Gift) (List all codes you are budgeted to use):

Cardholder Address for Department (PO Box): _____

City, State and Zip Code: _____

Business Phone #: _____-_____-_____

LA Tech Email Address: _____

Single Transaction Limit Requested: \$1000.00 \$5000.00

Monthly Limit Requested (Circle 1): \$3000.00 \$8000.00 Other: _____

Cardholder's Signature: _____ Date: _____

Cardholder's Approver (Must be 1 level higher) : _____

Approver's Signature: _____ Date: _____

(Note: If department code listed above is a grant, Office of Sponsored Projects is the approver.)

Approver's Email: _____ Phone #: _____

Comptroller's Approval: _____ Date: _____

Section 2: To be completed by the Purchasing Department (Program Administrator):

I approve the above named cardholder's request for a Purchasing Card:

Signature: _____ Date: _____