

STATE OF LOUISIANA LOUISIANA TECH UNIVERSITY STATE LIABILITY TRAVEL CARD PROGRAM APPROVER AGREEMENT FORM

As a d	As a designated cardholder approver of the State of Louisiana Travel Card Program for (agency) I am accepting responsibility for the				
assurance that all charges against the card which I am approving, to the best of my knowledge, were properly charged for State of Louisiana business needs and travel only as outlined in this agreement and which is initialed by each, and in accordance with any relevant rules, regulations, executive order, statute, PPM49, and all state and agency policies, which I have read and completely understand.					
I furth	er agree:				
	In addition to the responsibilities listed, obtain, understand and comply with all state and agency policy requirements, responsibilities and procedures, PPM49, all purchasing rules, regulations, statutes and executive orders in regards to the State Liability Travel Card Program.				
	To ensure that every transaction complies with the terms and conditions of this agreement, the State's Travel Card Policy, PPM49, my agency policies, all purchasing rules, regulations, statutes and executive orders and State Liability LaCarte Purchasing Card Policy, if applicable.				
	To obtain agency program training and sign an Approver Agreement Form, annually, acknowledging responsibilities associated with the State Liability Travel Card program, with originals given to agency program administrator and I will receive a copy for myself.				
	To obtain annual approver certification through the State's online certification training program with a passing grade of at least 90.				
	To ensure that any card requested be for an employee with a need for a card and not an automatic process.				
	To secure all assigned WORKS application User IDs and passwords. Never sharing User ID and passwords and/or leaving work area while logged into the system or leaving log-in information in an unsecure area.				
	To ensure that I will keep well informed of program updates from the agency program administrators or anyone associated with the State Liability Travel Card Program.				

To ensure that all online accounts, such as Amazon, PayPal, EBay, etc, if necessary and allowed for use by an employee, have a standalone business account or registration and is not combined with an individual's personal account. By doing this, it will allow me/agency access to view the accounts online while verifying that all purchases were business related, email receipts were not altered and that all purchases are being delivered directly to the agency.
To immediately notify the agency's program administrator upon separation, change in department/section or during extended leave for any cardholders for which I am responsible. Ensuring that proper procedures, as outlined in the agency policy, are being followed regarding how to handle approvals properly, etc.
To complete exit procedures including collecting and returning card to program administrator, upon termination of the employee. Exit procedures include a review by the cardholder, supervisor and/or program administrator of all current charges on the account, verifying that all necessary supporting documents, receipts and required signatures have been obtained
To ensure that the Travel Card is retrieved from the employee upon separation or change in department/section; returning card to the agency program administrator. Ensure that agency program administrator makes necessary changes to cancel the card and to remove me as the employee's approver and/or employee from my list of cardholders for which I am responsible.
To immediately notify the agency's program administrator if the card is lost, stolen or has fraudulent charges and to direct the cardholder to immediately report to Bank of America.
To ensure that, at a minimum, annually, I will review cardholders and cardholder's limits for all that I am an approver, to ensure appropriate utilization of the card and program intent and that a file is maintained showing compliance with this requirement. Review will also include cardholders limits, MCC Codes, etc., making certain that the card is working properly for the cardholder. If limits or codes are not allowing the cardholder to perform duties, I will contact the agency program administrator to make necessary adjustments.
To immediately report any fraud or misuse, whether actual, suspected, or for personal non-business related purchases to the agency's program administrator as well as the head of the agency, and other personnel/agencies as required. I agree to participate in any disciplinary actions which may be deemed appropriate, if necessary.
To acknowledge that any recognized or suspected misuse of the Travel program may be anonymously reported to the State of Louisiana Inspector General's Fraud and Abuse Hotline at 1-866-801-2549 or for additional information you may visit http://oig.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&nid=3&pnid=0&pid=4&catid=0
To educate my cardholders that monthly memo statements should be received around the $12^{\rm th}$ of the month, and if it is not, they should notify me and/or the agency program administrator.

To ensure transactions do not include State sales tax.
To ensure, to the best of my knowledge, that each approved transaction have an appropriate business purpose and need for State business purchase, that each transaction has a receipt and appropriate supporting documentation and each transaction's supporting documentation is scanned into Workflow, tied to each applicable transaction and that the paper documents match what was scanned into Workflow, once the agency has been implemented. In the event that a transaction is being investigated, the cardholder must explain and justify the transaction being questioned.
To ensure that every transaction is not a duplication of a personal request and/or reimbursements through the individual travel reimbursement process (travel expense form or travel system).
To ensure that every transaction has a receipt, receipt's date is verified, ensure amount is correct and within PPM49 allowance, and the receipt date is accurate and matches a legitimate business purchase and need and/or known business trip allowance and dates. (travel authorization form or travel system), if applicable
To ensure the travel log has a complete description of each purchase charged to the program if the receipt does not contain an adequate description, both on paper or electronic, once the agency has been implemented into Workflow.
To ensure transactions have been coded properly, if applicable, for payments as outlined in the agency policy and procedures and as required in Workflow for ISIS and LaGov interfaced agencies, once Workflow implementation is completed.
To ensure that each cardholder's email address is the State of Louisiana business email address and that the cardholder and cardholder's email address match in Workflow, once the agency has been implemented.
To ensure that a cardholder is NEVER the final approver of his own monthly transactions.
Ensure the travel log, all receipts/supporting documentation, monthly statement and scanned documentation, once the agency has been implemented into Workflow, coincides.
To ensure that all audits/approvals/accounting codes are verified and completed timely for proper payment and forwarded to the agency fiscal section for review and file maintenance, as outlined in the agency policies.
To ensure that, once my audits are complete, all receipts, supporting documentation, cardholder log and monthly statement with both cardholder and my signature, findings and justifications, are forwarded to the agency's fiscal office for review and maintenance of the files, in a timely manner and in accordance with all agency policy requirements.

As an	APPROVER, I RECOGNIZE THE RESPONSIBILITIES OF CARDHOLDERS ARE SUCH:
	Cardholder must present a personal credit card when checking into a hotel to cover any incidentals, as incidentals are not allowed on the State Travel Card.
	Cardholder should never use the State Travel Card for personal or non-business travel expenses. Travel Card is for State business use only.
	Cardholder must never loan the card to anyone for use.
	Cardholder is to ensure that all required transaction documentation, both paper and uneditable electronic format, (once Workflow has been implemented), special approvals, etc., are timely and in accordance with the agency's internal policy. Every transaction must have a receipt with a full description, not a generic description such as "general merchandise" or item should be fully documented/described elsewhere (both paper and un-editable electronic format, (once Workflow has been implemented). Failure to do so should result in cancellation of P-Card. All paper supporting documentation, including the signed travel log or approved electronic log and signed memo statement, along with any findings and justifications are to be scanned into Workflow and tied to each applicable transaction, will be sent to the supervisor/approver for required audit and signatures, and to be forwarded to the agency's fiscal office for review and file maintenance.
	Cardholder must never include full P-card account number in emails, fax, reports, memos, etc.
	Cardholder should never attempt to access cash.
	Cardholder should never accept cash in lieu of a credit to the Travel Card account.
	Cardholder should never place incidentals on State Travel Card without Office of State Travel/agency prior approvals.
	Cardholders should never purchase gift cards or gift certificates on their State Travel Card.
	Cardholder should never use Travel Card for alcohol, food or entertainment services without prior approval from Office of State Travel/agency.
	Cardholder should never use the Travel Card for fuel or vehicle maintenance if the agency is part of the Fuel Card and Maintenance Contract. If cardholder is in a geographical location where the contract is not covered, cardholder may use Travel Card to purchase gasoline, but only for a rental or state owned vehicle, never for a personal vehicle.
	Cardholder should never use Travel Card to avoid procurement or payment procedures.
	Cardholder must obtain agency program training and sign a Cardholder Agreement Form, annually, with originals given to agency program administrator along with cardholder receiving a copy.

	older must obtain annual cardholder certification through the State's online cation training program with a passing grade of at least 90.		
Cardholder must secure all assigned WORKS application User IDs and passwords. Never share a User ID and passwords and/or leave a work area while logged into the system or leave log-in information in an unsecure area.			
accide	colder should never make a payment directly to the bank if unauthorized charges or ental personal charges are placed on the card. They should immediately contact the y program administrator.		
	older should immediately notify approver, Bank of America and the agency program istrator if fraudulent charges are noticed on the State Travel Card.		
	older should always notify approver or the agency program administrator if higher ver limits are necessary to perform duties.		
	older should immediately notify Bank of America, approver and the agency program istrator if the Travel Card is lost or stolen.		
all sup	older is to submit signed travel log and monthly statement, both signed, along with oporting documentation for audit so that approver may forward to the agency's fiscal upon approval.		
ALLO	WABLE STATE LIABILITY TRAVEL CARD TRANSACTIONS:		
	Airfare, But Not Baggage Fees		
	Contracted Travel Agency Fees		
	Registration for Conference/Workshops, But Not Membership Dues		
	Hotel/Lodging		
	Rental Vehicles		
	Parking, But Only With Hotel Stay And Combined On Invoice, And Park-N-Fly at New Orleans Airport		
	Internet Services, But Only With Hotel Stay And Combined On Invoice		
	Gasoline For Rental/State Owned Vehicle, But Not If Agency Is Part Of The Fuel Card Program/Contract. If in an area where the contract is not covered, then cardholder may use the State Travel Card and file should be documented. Never in a personal vehicle should gasoline be purchased with the State's Travel Card.		

		Shuttle Service, But Only Pre-Paid, Not For Individual Ground Transportation As Taxi, Bus, Etc. This would be considered incidentals and the care would be reimbursed with receipt upon return.	
		erstand that failure to properly fulfill my responsibilities as a Travel Card apresult, at a minimum, in the following:	pprover
		Written counseling which would be placed in my employee file for a minimonths.	mum of 12
		Consultation with agency program administrator, and possibly head of the and internal auditor section.	e agency
		Disciplinary actions, up to and including termination of employment.	
		Legal actions, as allowed by the fullest extent of the law.	
policie	es and p	and understand all my responsibilities as initialed above, along with all guid procedures, rules and regulations, PPM49, statutes and executive orders, if rith the State Liability Travel Program.	
Appro	ver (pl	lease print):	
Appro	ver Sig	gnature:	
Appro	ver's A	Agency/Section/Department Name:	
Appro	ver's T	'itle:	
Appro	ver's E	Email Address:	
Appro	ver's P	Phone Number:	
Appro	ver's F	ax Number:	
Date: _			
I am re	espons	sible for the following cardholders:	
Cardh	older N	Name:	
Cardh	older N	Name:	
Cardh	older N	Name:	
Cardh	older N	Name:	

Cardholder Name:
Cardholder Name: