



LOUISIANA STATE UNIVERSITY

Louisiana State University  
Office of Accounting Services  
Accounts Payable & Travel  
217 Thomas Boyd Hall

**LACARTE ENROLLMENT**

**AS700**

Request Date \_\_\_\_\_

Department			
Contact			
Phone		E-mail	

**SECTION A: CARDHOLDER INFORMATION**

Employee (Name on Card)			
LSU ID		Workday ID	
Phone		E-mail	
Room/Building		City/State/Zip	
Pay Type	<input type="checkbox"/> Academic	<input type="checkbox"/> Graduate Assistant	<input type="checkbox"/> Salary <input type="checkbox"/> Wage
Company Number / Cost Center (For Example: 10CC00408)			

**SECTION B: PURCHASING AUTHORITY**

Single Transaction Limit	<input type="checkbox"/> Max \$1000	<input type="checkbox"/> Max \$5000	NO CASH ACCESS
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**SECTION C: TRAVEL AUTHORITY**

Single Transaction Limit	<input type="checkbox"/> Max \$5000	NO CASH ACCESS
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I approve the above-named individual's use of a University procurement card.

Approved by

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**FOR ACCOUNTING SERVICES USE ONLY**

**HIERARCHY**

FTE%	
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