



LACARTE ENROLLMENT

AS700

Request Date _____

Department		
Contact		
Phone	Fax	E-mail
SECTION A: CARDHOLDER INFORMATION		
Employee (Name on Card)		LSU ID
		Workday ID
Phone	Fax	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
SECTION C: TRAVEL AUTHORITY		
Single Transaction Limit <input type="checkbox"/> Max \$5000		NO CASH ACCESS

I approve the above-named individual's use of a University procurement card.

Approved by

Department Head

Title

Date

FOR ACCOUNTING SERVICES USE ONLY

HIERARCHY		
Level 3	Louisiana State University	
Level 4	Campus	
Level 5	Department	
Bank ID	LSU	Pay Basis