

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

LACARTE ENROLLMEN	IT				AS700
Request Date					
Department					
Contact					1
Phone				E-mail	
	SECTION A	A: CARDHOLDE	ER INFO	RMATION	
Employee (Name on Card)					
Workday ID					
Phone				E-mail	
Room/Building				City/State/Zip	
Pay Type ☐ Academic	☐ Gradu	ate Assistant		Salary	□ Wage
Company # / Cost Center (e.	g., 10CC00408)				
	SECTION	I B: PURCHASI	NG AU1	ГНОRITY	
Single Transaction Limit	Single Transaction Limit □ Max \$1000 □ Max \$5000				NO CASH ACCESS
	SECTI	ION C: TRAVEL	. AUTH(ORITY	
Single Transaction Limit Max \$5000 Travel Arranger (For departmental use only in lieu of CBA)				NO CASH ACCESS	
I approve the above-named inc	dividual's use of a l	Jniversity procu	rement c	card.	
Approved by					
Department Head Printed Name					Date
	FOR ACC	OUNTING SER\	/ICES U	JSE ONLY	
		HIERARCH	ΗY		
ETE9/					