



LOUISIANA STATE UNIVERSITY

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

**LACARTE MAINTENANCE**

**AS702**

Complete sections A or B for a replacement procurement card to be issued.  
Complete sections C, D, E or F to update the cardholder's profile.

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

Employee		LSU ID	
Department			
Phone	Fax	E-mail	
LaCarte Card Account # Last Four Digits			
<b>SECTION A – NAME CHANGE</b>			
Name <i>(as it appears on LaCarte card)</i>			
Correct Name			
<b>SECTION B – CARD REPLACEMENT</b>			
<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Embossing Error	<input type="checkbox"/> Mutilated
Comments			
<b>SECTION C – CANCELLATION / REINSTATEMENT</b>			
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other _____	
Comments			
<b>SECTION D – COMPANY/COST CENTER TRANSFER</b>			
From Company #/Cost Center <i>(For example: 10CC00408)</i>		To Company #/Cost Center <i>(For example: 10CC00413)</i>	
<b>SECTION E – PURCHASING AUTHORITY</b>			
<input type="checkbox"/> \$1,000 Single Transaction Limit		<input type="checkbox"/> \$5,000 Single Transaction Limit	
<b>SECTION F – TRAVEL AUTHORITY</b>			
<input type="checkbox"/> \$5,000 Single Transaction Limit		<input type="checkbox"/> Travel Arranger (\$50,000 Single Transaction Limit)	

Approved by

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donna K. Torres

\_\_\_\_\_  
Associate Vice President  
Printed Name

\_\_\_\_\_  
Date