

LSU Health Sciences Center

La Carte AGREEMENT

1. I understand that I am being entrusted with a powerful and valuable tool and will be making financial commitments on behalf of the State of Louisiana and will strive to obtain the best value for the State.
2. I understand that under no circumstances will I use the Purchasing Card to make personal purchases for myself or others. Using the Purchasing Card for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.
3. I understand that the card shall be solely used by me, the named cardholder, and that under no circumstances shall any other person be allowed to use this card.
4. I will follow Louisiana Law, state purchasing policies, policies of LSU Health Sciences Center, and established guidelines for using the La Carte Purchasing Card. Failure to do so may result in either revocation of my card privileges or other disciplinary action.
5. I have been provided a copy of the Purchasing Card guidelines and attended training on _____ and understand the La Carte Program. I have been given the opportunity to ask questions to clarify my understanding of the Purchasing Card Program.
6. I agree to review and reconcile transactions in a timely manner and will maintain all applicable information and receipts.
7. I agree that I will surrender the purchasing card upon termination from LSU Health Sciences Center or if I am transferred to another State agency.
8. I agree to surrender the purchasing card in the event that I transfer to another department within LSUHSC in which I no longer have small purchasing authority.
9. **If a card is lost or stolen, you must telephone Bank of America IMMEDIATELY at 1-888-449-2273.** This number is available 24 hours a day, 7 days a week, 365 days a year. Lost cards reported by telephone are blocked immediately. If a card is reported lost or stolen immediately (which means as soon as the cardholder is aware that it has been lost or stolen) there is no liability. Replacement cards should be issued within 24 hours.
10. I agree that, should I violate the terms of this agreement, I will be subject to disciplinary action up to and including termination of employment.

I acknowledge receipt of La Carte _____

Account # _____.

_____ La Carte Administrator/Date

I understand that **La Carte** provides me with an alternate means of payment for goods purchased on behalf of the LSUHSC. I agree to follow the terms and conditions regarding the use of La Carte purchasing card assigned to me for official state business. I understand that any purchases made outside of these guidelines will be considered personal items. **I authorize a payroll deduction for any items purchased that are not in compliance with State and LSUHSC procurement guidelines.**

_____ Date ____/____/200____
Cardholder signature

_____ Empl ID _____
Cardholder printed name E-mail _____

_____ Phone _____
Department