

## Instructions for the Cardholder Enrollment/Update Form (Form DCFS TCF 1)

### Cardholder Enrollment/Update Form – State Liability Travel Card

#### Purpose:

- Used to apply for Travel Card.
- Used to reapply for a Travel Card in the event:
  - Cardholder's name changed
  - Card is lost, stolen or damaged
  - Cardholder needs to reapply after an account has been closed
- Used to close account

#### Preparation:

- Form **MUST** be typed.
- Cardholder must use his/her full legal name, which must match DCFS personnel records. Do not abbreviate or use nicknames.
- All fields must be completed.
- Include the address and phone number of the work location. For example, if the cardholder works in the Iberville Building, complete the application with the address 627 N. Fourth St, Baton Rouge, LA 70802 **NOTE: Staff, including teleworkers, may not use their home address for receipt of billing statements.**
- Form must be signed by applicant and immediate supervisor.

#### Disposition:

- Original form is kept in the local office.
- Scan to Travel Card Program Administrator @ [DCFS.Travelcard.Administrator@LA.GOV](mailto:DCFS.Travelcard.Administrator@LA.GOV).
- Applicants who do not qualify for a Travel Card will be notified in writing, with a copy to their immediate supervisor.

#### Retention:

- Retain form for four (4) fiscal years in the cardholder's office or the Records Center.