

STATE OF LOUISIANA
STATE LIABILITY TRAVEL CARD AND CBA
PROGRAM APPROVER AGREEMENT FORM

DCFS APPROVER UPDATE/CHANGE FORM

I am still in agreement with the SOL State Liability Travel Card and CBA Program Approver Agreement Form signed on _____, and need to make changes to the cardholder/cardholders that are now under my supervision. Listed below are the changes to my list.

Approver (please print): _____

Approver Signature: _____

Approver's Agency/Section/Department Name:

Approver's Title: _____

Approver's Email Address: _____

Approver's Phone Number: _____

Approver's Fax Number: _____

Date: _____

I am responsible for the following cardholders:

Cardholder Name:

Cardholder Name:

Cardholder Name:

Cardholder Name:

Cardholder Name:
