



State of Louisiana
Louisiana Department of Health
Office of the Secretary

**LDH Purchasing Card Program (P-Card)
Subscription/Membership Dues Request Form**

Instructions:

- 1) Complete form in entirety.
- 2) Attach copy of relevant vendor/merchant invoice
- 3) Obtain agency budget approval
- 4) Obtain agency head approval
- 5) Submit to LDHPCardProgramAdmin@la.gov

Contact Information

Requesting Agency: (Check One)

_____ OS/OMF _____ MVA _____ OAAS _____ OCDD _____ OPH _____ OBH _____ OWH

Bureau/Division/Section/Unit Name: _____

Purchaser Contact Name: _____

Purchaser Phone Number: _____

Purchaser Email Address: _____

Vendor Information

Vendor/Merchant Name: _____

Vendor/Merchant Address: _____

Vendor/Merchant Phone: _____

Vendor/Merchant Website: _____

Vendor/Merchant Point of Contact: _____

Vendor/Merchant POC Phone: _____

Vendor/Merchant POC Email: _____

What forms of payment does the vendor/merchant accept? Select all that apply.

_____ Purchase Order _____ Credit Card _____ Check _____ Other (Specify : _____)

Subscription/Membership Information

Select one option:

_____ Subscription _____ Membership _____ License/Renewal _____ Certification Renewal

Title of Professional Membership Dues, Licenses or Subscription:

Total Cost: _____

Period Payment Covers: _____

Source of Funding:

_____ State General Fund _____ Interagency Transfer _____ Fees and Self-Generated

_____ Statutory Dedications _____ Federal Funds

Coding of Expenditure:

Agency Number: _____

Cost Center: _____

Grant Number: _____

GL Account Number: _____

Is this request for agency/individual use: (Check One) _____ **Agency** _____ **Individual**

If for agency use please note the official name and address the subscription/membership due will be subscribed under:

Agency Name: _____

Agency Address: _____

Agency Phone: _____

Subscription/Membership due User Information

If for agency employee use please note the name, title, personnel number, and position number the subscription/membership due will be subscribed under:

Employee Name: _____

Employee Personnel Number: _____

Employee Official Civil Service Job Title: _____

Position Number: _____

Employee Name: _____

Employee Personnel Number: _____

Employee Official Civil Service Job Title: _____

Position Number: _____

Employee Name: _____

Employee Personnel Number: _____

Employee Official Civil Service Job Title: _____

Position Number: _____

Employee Name: _____

Employee Personnel Number: _____

Employee Official Civil Service Job Title: _____

Position Number: _____

Employee Name: _____

Employee Personnel Number: _____

Employee Official Civil Service Job Title: _____

Position Number: _____

All memberships paid shall be in the Department/Agency name and transferable should the employee leave the position. Exceptions may be granted in instances where an organization does not permit institutional membership or where an individual membership is paid and the employee leaves the Department, a prorated refund should be requested, if available, and/or the membership renewal shall not continue to be paid for that individual by the Department.

Agency Checklist for Policy Compliance:

Is the subscription, membership, initial license, certification or renewal required for the employee's current position?

_____ YES

_____ NO

APPLICABLE FOR LICENSING ONLY:

Is the professional license or certificate a requirement to engage in the profession, but is not required for the job or position?

_____ YES

_____ NO

_____ N/A

APPLICABLE FOR MEMBERSHIP ONLY:

Is this membership request for an individual or will it be in the Agency's name?

_____ Individual

_____ Agency

_____ N/A

APPLICABLE FOR NEWSPAPER & MISC SUBSCRIPTIONS ONLY:

Is the membership for individual use or Agency-wide use?

_____ Individual

_____ Agency Wide

_____ N/A

Is the subscription critical to the operation of the office?

_____ YES

_____ NO

_____ N/A

Is the subscription request for the minimum quantity possible?

_____ YES

_____ NO

_____ N/A

APPLICABLE FOR SOFTWARE SUBSCRIPTIONS ONLY:

If this request is for software, requestor shall provide written documentation along with approval from the Office of Technology Services (OTS) with this form. Documentation shall state that the software purchase does not need to go through them and/or approving the agency to purchase software directly.

If the request is applicable to a software subscription, the requestor has attached OTS Documentation.

_____ YES

_____ NO

_____ N/A

By indicating my signature here, I agree that I have read the LDH Policy on Paying Membership Dues, Licenses, and Subscriptions #128.1, available on the DSSAS webpage, and I hereby agree that the attached request complies with all requirements.

Purchaser Signature: _____ **Date:** _____

Agency Budget Signature: _____ **Date:** _____

Agency Head Signature: _____ **Date:** _____

DSSAS PCard Admin: _____ **Date:** _____