LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
State Liability Travel Card | CBA Program
Travel | Card Log

Cardholder Name	
Account Number's last 4 digits	
For billing cycle dates	through

Receipt No.	Receipt Date	Description	Vendor	Amount	Org	Obj/Sub	Rpt. Cat	Taggable
				Total				

Cardholder Signature		Date		Telephone #	
Supervisor Signature		Date			
Accountant Signature		Date			