



**Department of Natural Resources
LaCarte Purchasing Card Program
Approver Enrollment Form**

NEW

CHANGE

If change, please explain:

To be completed by **Section Head**:

Approver Name: _____

Approving Agency: _____

Approving Division: _____

Contact Number: _____

Email Address: _____

Section Head Signature: _____

NOTE: This form is to be completed and forwarded to DNR Fiscal P-Card Administrator with the completed approver agreement form and LEO Certification.

To be completed by **Fiscal Services**:

Application processed on: _____

Program Administrator Signature: _____

To be completed by the **Approver**:

My signature below certifies that I received training from my Agency Program Administrator on the LaCarte Purchasing Card Program on _____.

Approver Signature: _____