



**MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT
TRAVEL CARD PROGRAM**

PROGRAM COORDINATOR DESIGNATION REQUEST FORM

Check one: **State Agency/University** **Governing Authority** **School District**

Name of Entity and Entity Number if known (required)	
Mailing Address	
City/State/Zip	
Billing Recipient and Email Address	
Telephone Number	
Requestor Name /Email Address and Telephone Number	

Instructions

- To add a new account or to provide updated information select the specific action: **Add** **Change** **Delete**
- Maintain a copy in the Cardholder's and Entity Program Coordinator's files.
- Email or Mail the completed form to:

Office of Purchasing, Travel & Fleet Management
Attention: Travel Manager
501 North West Street, Suite 701-A
Jackson, MS 39201
laurie.pierce@dfa.ms.gov

Primary Program Coordinator Information

Program Coordinator Name	Middle Initial	Program Coordinator Last Name
Statement Mailing Address Line 1 (maximum 36 characters)		Entity/Agency Number
City/State/Zip	Telephone Number	Email Address

Alternate Program Coordinator Information

Alternate Program Coordinator Name	Middle Initial	Alternate Program Coordinator Last Name
Email Address	Telephone Number	

Required Approvals

This request has been reviewed and approved by the Entity for further processing by:

Signature of Entity Head	Printed Name of Entity Head	Date Signed
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This request has been reviewed and approved by the Mississippi Office of Purchasing, Travel and Fleet Management for further processing by:

Signature of Authorizing Officer	Printed Name of Authorizing Officer and Title	Date Signed
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