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**PROVIDING DECLINING BALANCE CARDS TO UNIVERSITY PROGRAM PARTICIPANTS**

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- Scope:** All campuses served by Louisiana State University (LSU) Office of Accounting Services.
- Effective:** July 1, 2009. This FASOP supersedes and replaces all prior versions.
- Purpose:** The University hosts programs that bring junior high and high school students, undergraduate and graduate students and members of the workforce to campus for education and/or professional development. Providing “declining balance cards” for meals and other program related expenses to the participants assures the most efficient use of the program time allotted, or may be necessary for participants who are campus residents during the program. Funds for TigerCASH, Paw Points or a Meal Plan will not be provided to any full-time employee.

**Procedures:**

The procedures outlined below should be followed for providing funds for meals or other program related costs via TigerCASH, Paw Points or a Meal Plan to program participants:

- A. The Program Administrator initiates Form AS527, “Request for Declining Balance Cards for University Program Participants”, which provides basic information to aid in the review of the request. Please allow ten (10) working days for the approval and processing of the cards. The information required is as follows:
1. Request Date
  2. Department
  2. Program Name
  3. Department contact, phone number and e-mail address
  4. Brief description of the participant’s function in the program
  5. Begin Date & End Date
  6. Requested Funds – TigerCASH, Paw Points or Meal Plan
  7. Account Number & Object Code (5850) to be charged
  8. Participant Information
    - a. LSU ID (if the participant does not have an LSU ID, then leave blank)
    - b. Participant Name
    - c. Amount of Funds Requested
    - d. Affiliation with LSU
    - e. Participant Status – Resident or Commuter
- B. The second page of Form AS527 lists the On Campus Dining Locations, an option for use of printers, use of copiers and an option for laundry. For program residents, Off Campus Dining Locations can be opened due to the limited night and weekend options on campus. The Program Administrator must indicate which dining facilities should be available to the participants. Note: Only LSYOU participants are eligible for laundry funds.
- C. The Program Administrator and Dean, Director or Department Head must approve each page of the AS527.

- D. Once the departmental/college approvals are secured, the form should be routed to Accounts Payable for approval. Note: If the funds are provided by a sponsored agreement (4, 5 or 6 in the 6<sup>th</sup> position of the account number), the form should be routed to Sponsored Program Accounting before Accounts Payable can provide final approval.
- E. If approved by Accounts Payable, the form will be forwarded to the Tiger Card Office for processing and notice of approval will be sent to the Program Administrator. If the request is denied, the Program Administrator will be informed.
- F. The Program Administrator will need to contact the Tiger Card Office at least two (2) weeks in advance if a custom program Tiger Card is desired. If not, a standard program card will be provided.
- G. The Tiger Card Office will process the request and provide the cards to the Program Administrator who will issue the cards to the program participants. It is recommended that the Program Administrator have the participants sign an acknowledgement of receipt of the card. Form AS527-A, "Receipt of Declining Balance Card", should be completed and maintained in the Program Administrator's file.
- H. In the event a participant does not arrive for the program, or leaves the programs prior to the end date, the Program Administrator should request that the participant's card is deactivated.
- I. The Tiger Card Office will process an Internal Transaction (IT) to charge the account number provided and forward the IT to Financial Accounting & Reporting division of Accounting Services. At the end of the program, any funds remaining on the cards will be refunded to the program account number, via an IT. Once the program concludes, the funds will no longer be available to the participants.

**REQUEST FOR DECLINING BALANCE CARDS FOR UNIVERSITY PROGRAM PARTICIPANTS**

**AS527**

Request Date		Department			Program Name	
Contact			Phone		Email	
Brief Description of Participant's Function					Begin Date	End Date
TigerCASH	Paw Points	Meal Plan	Account #			Object Code 5850
#	LSU ID	Participant Name		Amount	Affiliation with LSU	Resident (R) Commuter (C)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
APPROVALS		Signature		Printed Name		Date
Program Administrator						
Dean/Director or Dept Head/Chair						
Sponsored Program Accounting						
Accounts Payable/ Accounting Services						

**REQUEST FOR DECLINING BALANCE CARDS FOR UNIVERSITY PROGRAM PARTICIPANTS**

**AS527**

Request Date \_\_\_\_\_

**On Campus Dining Locations**

<input type="checkbox"/> Mini Mart
<input type="checkbox"/> Faculty Club
<input type="checkbox"/> CC's Coffee (Law Center)
<input type="checkbox"/> CC's Coffee (Middleton)
<input type="checkbox"/> Atrium Café
<input type="checkbox"/> Subway at Foster (Foster Hall)
<input type="checkbox"/> LSU Dairy Store
<input type="checkbox"/> Peirre's Landing
<input type="checkbox"/> Smoothie King (UREC)
<input type="checkbox"/> McDonald's (Union)
<input type="checkbox"/> Take 5
<input type="checkbox"/> Einstein's (Union)
<input type="checkbox"/> The 5
<input type="checkbox"/> Vet Med Snack Bar (Vet School)
<input type="checkbox"/> Vending Machines (Drink Machines)
<input type="checkbox"/> Vending Machines (Snack Machines)
<input type="checkbox"/> Laundry (LSYOU)
<input type="checkbox"/> Copies
<input type="checkbox"/> Printing

APPROVALS	Signature	Printed Name	Date
Program Administrator			
Dean/Director or Dept Head/Chair			
Sponsored Program Accounting			
Accounts Payable/ Accounting Services			

**REQUEST FOR DECLINING BALANCE CARDS FOR UNIVERSITY PROGRAM PARTICIPANTS**

**AS527**

Request Date \_\_\_\_\_

#	LSU ID	Participant Name	Amount	Affiliation with LSU	Resident (R) Commuter (C)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

APPROVALS	Signature	Printed Name	Date
Program Administrator			
Dean/Director or Dept Head/Chair			
Sponsored Program Accounting			
Accounts Payable/ Accounting Services			