



Printing Services

337-482-6341 • fax 337-262-1031

CopyGuard Account Authorization

Section A

Please provide all requested information.

<http://info.louisiana.edu/geaux/CGacct>

Account Number _____

Enable Account

Disable Account

Provide the account number to charge copy usage. If you have multiple account numbers for your department each account authorization must be requested on separate form.

Section B

Authorizing Person Information

Authorizing Signature _____ Date _____

This information and above signature are the person who authorizes expenditures on the account listed in Section A.

Name _____ CLID _____

Dept. _____ Phone No. _____

Section C

Contact Person Information

1. Name _____ CLID _____

Dept. _____ Phone No. _____

2. Name _____ CLID _____

Dept. _____ Phone No. _____

This is for the person(s) who will be the day-to-day contact person for the CopyGuard account. You may also list a backup day-to-day contact person.

Section D

Monetary Information

Do you want a monetary limit on the CopyGuard account?

No Yes, If yes please give a limit for the fiscal year \$ _____

If you checked yes above, please answer the following questions about the account. Please check one choice only.

If your account is depleted of funds, do you want to:

Run a negative balance? *You can check your usage in a monthly report.*

Halt further copy usage? *You will need to contact Printing Services to release the hold on your CopyGuard account if you choose this option and deplete your limit of funds.*