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(SUBMIT A SEPARATE INSERTION ORDER PER DOCUMENT)

☐ **EMERGENCY RULE** ☐ **NOTICE OF INTENT** ☐ **RULE** ☐ **POTPOURRI**

Adoption date: _____

Effective date: _____

REFER TO INSTRUCTIONS ON REVERSE SIDEThis is your authority to publish in the (month) _____, 20 ____ *Louisiana Register* the document indicated above._____
Office/Board/Commission promulgating this document_____
Department under which office/board/commission is classified_____
(name) (title)
Name and title of person whose signature will appear in the
publication (at the end of the document)_____
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Name, phone number, and FAX number of person to contact
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E-mail address of contact person_____
Short descriptive listing for this document to be used in
the *Louisiana Register's* **TABLE OF CONTENTS/INDEX**_____
File name**Important:** If submitting both an Emergency Rule (ER) and a Notice
of Intent (NOI) to be published this month, **AND** if the rule text in the
ER is identical to the rule text in the NOI, check here: ☐_____
Signature of Agency Head or Designee_____
Print Name and Title of Agency Head or Designee-----
CERTIFICATION OF AVAILABLE FUNDS**DOCUMENT #** _____**LAGOV AGENCY:** I certify the availability of fiscal year _____ appropriated funds for the payment of the above referenced publication and
authorize the processing of an Interagency Billing with the following coding on the 30th of the month of the publication. Attach supplemental sheet for
additional lines of coding.

Business Area	General Ledger	Cost Center	Grant	Fund	WBS	Internal Order	Functional

NON-LAGOV AGENCY: I certify the availability of fiscal year _____ appropriated funds for the payment of the above referenced publication and
agree to place corresponding invoice in line for payment upon receipt.**Billing Contact Information:**_____
Signature of Agency Head or Designee - Phone #_____
Agency Name_____
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Agency E-Mail Address for Billing**NOTE: Detailed billing information will be provided via a publishing
invoice sent to the Billing Contact Information provided.**