INSTRUCTIONS: This form is used by agencies submitting their PMF reimbursement appointment fee to OPM via their government charge card. Fill-in blocks 1 - 7 (left-side of form), then fax or email this form to the PMF Program Office listed in block 10. Any questions can be directed to the Program Office listed in block 10. We appreciate your prompt submission.

1. REQUESTING AGENCY REFERENCE:		U.S. Office of Personnel Management		8. FISCAL YEAR:		
	Presider	ntial Manage				
2. TOTAL AMOUNT TO CHARGE:			•	. ,	9. OPM/PMF USE ONLY:	
Program Cha				rge Card Form		
3. PRODUCT/SERVICE TO BE PERFORMED: Complete blocks 3 and 3a before submission.						
The fee of \$7,000 is based on agency hiring projections and covers the cost of recruitment, screening, selection, placement, and PMF Program Office sponsored events (e.g., job fair, orientation, and graduation) of the Presidential Management Fellow (PMF), and general program administration. This fee does not cover travel and per diem expenses associated with PMF attendance at any PMF-sponsored events. This version can be used for any a pointment reimbursements for PMFs appointed from the Class of 2011. Note: There is a \$150 service charge per Fellow when using a charge card. Payment may also be made through IPAC at \$7,000 per Fellow.						
\$7,150 x (Total # of PMFs) = (Total Amount to be inserted in block 2, above.)						
a. Indicate number and type attachments, if any. Use this space to identify the Fellow(s) by full name, class year, and Entry On Duty (EOD) start date:						
4. REQUESTING AGENCY (Agency where appointment was made):				10. PERFORMING AGENCY (OPM	И):	
a. Agency Name and Address (do not at	a. Agency Name and Address (do not abbreviate):				a. Name and Address:	
				U.S. Office of Personnel Management Presidential Management Fellows Program 1900 E Street, NW, Room 6500 TAX ID#: 52-1136517 Washington, DC 20415 DUNS# 126536929 ALC: 24-00-0001 TREASURY ACCOUNT SYMBOL: 24X4571.24, BETC: COLL		
b. Program Office Contact Name and Commercial Telephone Number:				b. Program Office Contact Name and Telephone Number:		
				PMF Program Office, (202) 606-1040		
c. Program Office Fax Number:				c. Program Office Fax Number:	(202) 606-3040	
d. Internet Email Address:				d. Internet Email Address:	pmffee@opm.gov	
5. COMPLETE "SHIP TO" ADDRESS (if different than block 4a.): Point of Contact and Telephone Number (if different than block 6b.):				 11. AUTHORITY. (This agreement is entered into pursuant to the following authority and incorporates by reference any and all related implementing regulations and Office of Management and Budget circulars.) I Revolving Fund, 5 U.S.C. 1304(e)(1) I Economy Act, 31 U.S.C. 1535-1536 		
6. REQUESTING AGENCY FINANCE OFFICE (to be completed by card-				□ Intergovernmental Cooperation Agreement Act of 1968, 31		
holder):				U.S.C. 6501-6508		
a. Cardholder's Name (enter full name as it appears on card below):				□ Government Employees Training Act, 5 U.S.C. 4103-4119		
				□ 39 U.S.C. 411 (United St	tates Postal Service)	
b. Cardholder's Email Address (enter below):				□ 22 U.S.C. 2357(a), (forei	gn governments)	
c. Charge Card Number (enter below):				12. OPM\PMF FINANCE CONTAC	T NAME AND TELEPHONE NUMBER:	
				DME Dragram Office	Direct: (202) 606-1040	
d. Charge Card Expiration Date:	Type of Charge C	Card:	PMF Program Office	Fax: (202) 606-3040		
		Visa M	MasterCard	13. OPM/PMF USE ONLY:	· ·	
f. Cardholder's Phone Number Cardholder's Fax Number				a.	b.	
g. Agency Location Code (ALC) (8 digits)				c. Receipt Sent:	d.	
7. AUTHORIZING APPROVAL (REQUESTING AGENCY):				e. PMF Program Revenue Code:	20111211CC	
Cardholder's Signature: Date:				f. CBIS Agreement Number:		