



**United States Office of Personnel Management
Benefits Officers Resource Center
POSTER INFORMATION ORDER FORM**

Your Full Name: _____

Agency/Organization: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Work Phone: () -- **Fax:** () --

- ITEM**
- RI 10-110 *“Have You Paid Your Military Deposit?”*
- RI 10-111 *“Have You Paid Your Military Deposit?”*
(similar to RI 10-110)
- RI 10-112 *“Find Out About Benefits”*
- RI 10-113 *“Help is Just a Click Away”*
- RI 10-114 *“Preparation is Everything”*
- RI 10-115 *“Changes”*

Costs: \$4 per set of 6. **NOTE:** 20 or more sets discounted to \$2.50 per set of 6.

Number of sets: _____ **Total Order:** \$ _____

PAYMENT METHOD: Purchase Order (___) Check (___) Purchase Card (_____)

Name of Card Holder: _____

Credit Card Number: _____ **Expiration Date:** _____

Signature of Card Holder: _____

Telephone Number of Card Holder: () -- **Ext** _____

Credit Card Orders: Fax order form to (202) 606-1108, or e-mail to benefits@opm.gov.
If paying by Purchase Order or Check, mail your order to:

Email Your Order to
benefits@opm.gov
or Fax to (202) 606-1108

Office of Personnel Management
1900 E St., N.W., RIS/BORC Room 4351
Washington DC 20415-3300

Please include all the same address, phone, and credit card information on this order form in your email.