

INSTRUCTIONS: Fill-in blocks 1 – 7 (left-side of form), then mail, fax, or email this form to the PMF Program Office listed in block 10. Though reimbursement by charge card is quicker and most efficient, you can use the PMF Program's OPM Form 1616 for IPAC. Both versions can be found under the "Forms" section on the PMF website at <https://www.pmf.opm.gov>. Any questions can be directed to the Program Office listed in block 10. We appreciate your prompt submission. Thank you.

1. REQUESTING AGENCY REFERENCE:		U.S. Office of Personnel Management		8. FISCAL YEAR:	
2. TOTAL AMOUNT TO CHARGE:		Presidential Management Fellows (PMF)		9. OPM/PMF USE ONLY:	
\$		Program Charge Card Form			
3. PRODUCT/SERVICE TO BE PERFORMED: Complete blocks 3 and 3a before submission.					
The fee of \$6,000 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 appointment reimbursements for PMFs appointed from the Class of 2006, 2007, and 2008.					
\$6,000 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(s):					
4. REQUESTING AGENCY (Agency where appointment was made):			10. PERFORMING AGENCY (OPM):		
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 1425 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:		
			Heather Kehr, (202) 606-4217		
c. Program Office Fax Number:		c. Program Office Fax Number:		(202) 606-3040	
d. Internet Email Address:		d. Internet Email Address:		pmf@opm.gov	
5. COMPLETE "SHIP TO" ADDRESS (if different than block 4a.):			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.)		
Point of Contact and Telephone Number (if different than block 6b.):			<input checked="" type="checkbox"/> Revolving Fund, 5 U.S.C. 1304(e)(1) <input type="checkbox"/> Economy Act, 31 U.S.C. 1535-1536 <input type="checkbox"/> Intergovernmental Cooperation Agreement Act of 1968, 31 U.S.C. 6501-6508 <input type="checkbox"/> Government Employees Training Act, 5 U.S.C. 4103-4119 <input type="checkbox"/> 39 U.S.C. 411 (United States Postal Service) <input type="checkbox"/> 22 U.S.C. 2357(a), (foreign governments)		
6. REQUESTING AGENCY FINANCE OFFICE (to be completed by cardholder):			12. OPM/PMF FINANCE CONTACT NAME AND TELEPHONE NUMBER:		
a. Cardholder's Name (enter full name as it appears on card below):			Heather Kehr, Business Operations Manager		Direct: (202) 606-4217 Fax: (202) 606-3040
b. Cardholder's Email Address (enter below):					
c. Charge Card Number (enter below):					
d. Charge Card Expiration Date:		e. Type of Charge Card:		13. OPM/PMF USE ONLY:	
		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		a. <input type="checkbox"/> Trans.#: _____	
f. Cardholder's Phone Number (commercial numbers only):				b. <input type="checkbox"/> Approval#: _____	
g. Cardholder's Fax Number (commercial numbers only):				c. <input type="checkbox"/> Receipt Sent: _____	
7. AUTHORIZING APPROVAL (REQUESTING AGENCY):			e. PMF Program Project Code:		05EA3LMX0
Cardholder's Signature:		Date:		f. GFIS Agreement Number:	
				g. Control Number:	