



**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](mailto:benefits@opm.gov).  
If paying by Purchase Order or Check, mail your order to:

**Email Your Order to**  
[benefits@opm.gov](mailto: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.