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:
	Presidential Management Fellows (PMF)		
2. TOTAL AMOUNT TO CHARGE:			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, 2008, and 2009. \$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.) Example Revolving Fund, 5 U.S.C. 1304(e)(1)	
Point of Contact and Telephone Number (if different than block 6b.):		☐ Economy Act, 31 U.S.C. 1535-1536	
A DECUESTING AGENCY FINANCE OFFICE (C. I.		☐ Intergovernmental Cooperation Agreement Act of 1968, 31	
6. REQUESTING AGENCY FINANCE OFFICE (to be completed by card-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 States Postal Service)	
b. Cardholder's Email Address (enter below):		□ 22 U.S.C. 2357(a), (foreign governments)	
c. Charge Card Number (enter below):		12. OPM\PMF FINANCE CONTACT NAME AND TELEPHONE NUMBER:	
		Heather Kehr, Business	Direct: (202) 606-4217
d. Charge Card Expiration Date: e.	Type of Charge Card:	Operations Manager	Fax: (202) 606-3040
☐ Visa ☐ MasterCard		13. OPM/PMF USE ONLY:	
f. Cardholder's Phone Number (commercial numbers only):		a. ☐ Trans.#:	b.
g. Cardholder's Fax Number (commercial numbers only):		c. Receipt Sent:	d. DEE DHE D1E
7. AUTHORIZING APPROVAL (REQUESTING AGENCY):		e. PMF Program Project Code:	05EA3LMX0
Cardholder's Signature: Date:		f. GFIS Agreement Number:	g. Control Number: