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 mail, 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.

U.S. Office of Personnel Management
Presidential Management Fellows (PMF)
Program Charge Card Form

1. REQUESTING AGENCY REFERENCE:

2. TOTAL AMOUNT TO CHARGE: $0

8. FISCAL YEAR:

9. OPM/PMF USE ONLY:

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 to the present.

$6,000 x _____ (Total # of PMFs) = $ $0 (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):

a. Agency Name and Address (do not abbreviate):

b. Program Office Contact Name and Commercial Telephone Number:

c. Program Office Fax Number:

d. Internet Email Address:

10. PERFORMING AGENCY (OPM):

a. Name and Address:

U.S. Office of Personnel Management
Presidential Management Fellows Program
1900 E Street, NW, Room 1425
Washington, DC 20415

TAX ID#: 52-1136517
DUNS# 126536929
ALC: 24-00-0001

TREASURY ACCOUNT SYMBOL: 24X4571.24, BETC: COLL

b. Program Office Contact Name and Telephone Number:

PMF Program Office, (202) 606-1040

c. Program Office Fax Number: (202) 606-3040

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.):

6. REQUESTING AGENCY FINANCE OFFICE (to be completed by cardholder):

a. Cardholder's Name (enter full name as it appears on card below) :

b. Cardholder's Email Address (enter below):

c. Charge Card Number (enter below):

d. Charge Card Expiration Date:

e. Type of Charge Card: ◯ Visa ◯ MasterCard

f. Cardholder's Phone Number (commercial numbers only):

g. Cardholder's Fax Number (commercial numbers only):

7. AUTHORIZING APPROVAL (REQUESTING AGENCY):

Cardholder's Signature: Date:

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 Managementand Budget circulars.***)

- ☒ Revolving Fund, 5 U.S.C. 1304(e)(1)
- ☐ Economy Act, 31 U.S.C. 1535-1536
- ☐ Intergovernmental Cooperation Agreement Act of 1968, 31 U.S.C. 6501-6508
- ☐ Government Employees Training Act, 5 U.S.C. 4103 -4119
- ☐ 39 U.S.C. 411 (United States Postal Service)
- ☐ 22 U.S.C. 2357(a), (foreign governments)

12. OPM\PMF FINANCE CONTACT NAME AND TELEPHONE NUMBER:

PMF Program Office — Direct: (202) 606-1040, Fax: (202) 606-3040

13. OPM/PMF USE ONLY:

a. ☐ Trans.#:_____

b. ☐ Approval#:_____

c. ☐ Receipt Sent:_____

d. ☐ Recorded in PMF Administrator

e. PMF Program Revenue Code: 20111211BILL

f. CBIS Agreement Number: