

**BACKGROUND:**

The Presidential Management Fellows (PMF) Program is a government-wide, cost recoverable program, providing talented recent graduates (Finalists) to participating Federal agencies. The Fellows are appointed into a 2-year excepted service appointment under the Pathways Programs Schedule D Hiring Authority. The PMF Program Office is administered by the U.S. Office of Personnel Management (OPM), per Executive Order 13562 of December 27, 2010, and 5 CFR 362.

When an agency appoints a Finalist into a PMF position, the agency must reimburse the PMF Program Office via a one-time placement fee that covers the recruitment, assessment, selection, and placement costs for Finalists entering into PMF appointments; for PMF Program Office operations and support to stakeholders; for various training and developmental opportunities of stakeholders; and for the PMF website and automated systems. **Reimbursement is due within 30-days after a Finalist has been made and accepted a PMF appointment offer.** PMFs may not be permitted to participate in PMF Program Office sponsored events (e.g., Orientation, PMF Training Forums, and Graduation) until the reimbursement is received.

Participating Federal agencies are those who have entered into a Pathways MOU (Memorandum of Understanding) or an MOA (Memorandum of Agreement) for those agencies in the excepted service or outside of the Executive Branch. A list of agency responsibilities can be found under the [Agencies\Agency Responsibilities](#) section on the PMF website at [www.pmf.gov](http://www.pmf.gov).

To facilitate the reimbursement of the PMF Program Office, an agency is to initiate an InterAgency Agreement (IAA) with OPM by utilizing the FMS Forms 7600 A & B. These FMS forms are the preferred method for establishing an IAA per the U.S. Department of Treasury's Bureau of the Fiscal Service (previously referred to as the Financial Management Service (FMS)).

The IAA is comprised of two sections:

- (1) The FMS Form 7600A serves as the "General Terms and Conditions (GT&C) Section" of the form (establishing the agreement), and
- (2) The FMS Form 7600B serves as the "Order Requirements and Funding Information (Order) Section" of the form (the funding document).

Additional instructions and samples may be found on the Treasury's [Financial Management and Budget Standardization](#) website.

The agency/sub-agency's program office who initially appointed the Finalist into a PMF position is responsible for initiating the reimbursement to OPM's PMF Program Office. Additional guidance may be available by contacting the agency's official Pathways Programs Officer and the Agency PMF Coordinator. A list of Agency PMF Coordinators may be found on the PMF website or by contacting your agency's Human Resources (HR) Office.

In the event of a PMF reappoint (transfer) to another PMF position\agency within the first 6 months of the Fellow's appointment statute §362.406(d), states , the original appointing agency may request reimbursement of one-quarter of the placement fee from the new appointing agency. In such situations, the PMF Program Office is not involved; the obligation to submit the full PMF reimbursement is still on the responsibility of the original appointing agency.

**INSTRUCTIONS:**

FMS Forms 7600 A & B may be found under the "Agencies\Resources" section on the PMF website at [www.pmf.gov](http://www.pmf.gov); which are pre-populated with PMF Program specific information, including current accounting data. Please utilize the forms from the PMF website for every submission, as information on the forms are subject to change. Agencies who submit obsolete forms may incur delays or be subject to resubmission with the correct forms. Screen shots of the initial FY17 forms appear at the bottom of this document.

**FMS Form 7600A Instructions** – This is the “General Terms and Conditions (GT&C) Section” for creating an IAA.

1. Please review the FMS Form 7600A in its entirety. Please consult with your financial office on how to properly complete this form for submission to OPM’s PMF Program Office.
2. The 7600A establishes the legal foundation for the relationship between the requesting and performing agencies. It identifies the agencies entering into the agreement, the authority permitting the agreement, and the agreement action, period, and type. This 7600A may support multiple 7600Bs (Orders).
3. The requesting agency must fill out the following sections of the 7600A:
  - a. Department and/or Agency section, boxes 1, 4, 5, 6, 7, 8, 9, and 10a.
  - b. Agency Official section, box 23.
4. **NOTE:** When using the forms from the PMF website, several boxes have been pre-populated for your convenience.
5. You may use the table below as a checklist and as a reference when filling out the mandatory boxes:

<input checked="" type="checkbox"/> :	Box #:	Field Name:	Instructions:
	1	Name and Address	Enter the requesting agency’s name and mailing address. Specific office name can be identified on the FMS Form 7600B.
	4	GT&C Action (Check Action Being Taken)	Check “New” if this is a new IAA. Check “Amendment” if the GT&C is being amended. Check “Cancellation” if the IAA is being canceled, provide a brief explanation, and complete the “End Date” for when effective.
	5	Agreement Period (Date Format of mm-dd-yyyy)	Enter the period during which the requesting agency expects all Orders (FMS Form 7600B’s) to be completed by the servicing agency. The IAA becomes effective when both parties have signed.
	6	Recurring Agreement (Check One)	Check “Yes” if this is a recurring agreement that will be renewed on a regular basis, unless a notice to discontinue is received. If checked, then check if an annual renewal or other renewal. Check “No” if not a recurring agreement.
	7	Agreement Type (Check One)	Each IAA is for one reimbursable agreement between both agencies and will have one GT&C and one or more supporting Orders (FMS Form 7600B). This is to identify if there is one or more Orders to support this GT&C. For a PMF example, check if multiple PMFs will be used against this GT&C as more than one Order.
	8	Are Advanced Payments Allowed for this IAA (Check One)	Check “Yes” if advance payments are allowed for this IAA. If checked, then state the requesting agency’s specific authority that allows advances. Check “No” if advances are NOT allowed for this IAA.
	9	Estimated Agreement Amount	The placement fee for each Finalist appointed as a PMF (from the Class of 2011>) is \$7,000. If this FMS Form 7600A is covering multiple PMF reimbursements, adjust the “Total Estimated Amount” accordingly.
	10a	Statutory Authority\ Requesting Agency’s Authority (Check One)	Check the appropriate box. For the PMF Program, the most common statutory authority for agencies to submit reimbursement is under the “Economy Act”.
	23	Agency Official\Signatures	The requesting agency must identify the requesting agency’s official by name, title, telephone number, fax number, and email address. In addition, the official must sign and date the form. OPM prefers to receive electronically signed submissions.

6. The PMF version of the FMS Form 7600A on the PMF website includes the following boxes pre-populated:
  - a. Box 1: Servicing Agency Name and Mailing Address.
  - b. Box 5: Agreement Period reflecting FY’2016 (adjust as needed).
  - c. Box 9: The placement fee and general explanation of the fee.
  - d. Box 10b: The statutory authority of “Revolving Fund” and citation for the PMF Program.
  - e. Box 11: The scope is pre-filled for the requesting agency.
  - f. Box 12: Refers to the roles and responsibilities as outlined and posted on the PMF website.
  - g. Box 20 (Optional): Includes the servicing agency’s clauses.
  - h. Box 23: Servicing agency’s title, phone number, fax number, and email address.
7. Once the FMS Form 7600A is filled out and signed, the requesting agency is asked to email the form to [pmffee@opm.gov](mailto:pmffee@opm.gov).
8. Upon receipt, the PMF Program Office will review for accuracy, sign, and provide a copy back to the requesting agency.

**FMS Form 7600B Instructions** – This is the “Order Requirements and Funding Information” (Order) used against the 7600A.

1. Please review the FMS Form 7600B in its entirety. You may need to consult with your financial office on how to properly complete this form for submission to OPM’s PMF Program Office.
2. The 7600B is the funding source that creates the fiscal obligation when the requesting agency appoints a Finalist to a PMF position. The requesting agency must submit a completed 7600 A and B within 30 days of a Finalist accepting a PMF appointment offer. A 7600B cannot be submitted without a prior or accompanying 7600A.
3. The requesting agency must fill out the following sections of the 7600B:
  - a. Boxes 24, 25, 26, 27, 28, 30, 32, 37-39, and 40 (optional).
4. **NOTE:** When using the forms from the PMF website, several boxes have been pre-populated for your convenience.
5. You may use the table below as a checklist and as a reference when filling out the mandatory boxes:

<input checked="" type="checkbox"/>	Box #:	Field Name:	Instructions:
	24	Requesting Agency	Enter the requesting agency’s primary organization\office name and mailing address. This can be different than the name in the 7600A.
	25	Order Action (Check One)	Check “New” if this is a new Order. Check “Modification” if this Order is being modified. Check “Cancellation” if the Order is being canceled, provide a brief explanation, and complete the “Performance Period End Date” for when effective.
	26	Funding Modification Summary by Line	Complete this block for modifications that add, delete, or change funding information.
	27	Performance Period (Date Format of mm-dd-yyyy)	Enter the performance period. This period can include the servicing agency’s activities to prepare for and closeout the delivery of the products or services.
	28	Order Line/Funding Information	Enter the requesting agency’s funding information. NOTE: The PMF version on the PMF website is prepopulated with the OPM\PMF Program Office funding information. Funding information may be different by class\fiscal year.
		Description of Products and/or Services	<b>The requesting agency must enter the PMF’s Name (first and last name), Class Year (if known), and Entry on Duty (EOD) Start Date (if known). This is where the agency identifies the PMF(s) being reimbursed.</b>
		Breakdown of Reimbursable Line Costs	The requesting agency is to identify the quantity and unit price being covered by this Order (e.g., \$7,000 per PMF placement).
		Type of Service Requirements	Check the “Not Applicable” box as this is not applicable to the PMF Program.
	30	Total Net Order Amount	Enter the total net order amount (e.g., full value of this Order).
	32	Payment Method (Check One)	Check the “Servicing Agency Initiated IPAC” box. The PMF Program Office will initiate the IPAC upon a successfully executed 7600 A & B.
	37	Program Officials	Enter the requesting agency’s “Program Official” to include Name, Title, Work Phone Number, Work Fax Number, Work Email Address, and then electronically sign and date.
	38	Funding Officials	Enter the requesting agency’s “Funding Official” to include Name, Title, Work Phone Number, Work Fax Number, Work Email Address, and then electronically sign and date.
	39	Finance Office	Enter the requesting agency’s “Finance Office” point of contact to include Name, Title, Office Mailing Address, Work Phone Number, Work Fax Number, Work Email Address, and then, if needed, electronically sign and date.
	40	Additional Points of Contact	Enter the requesting agency’s “Additional Points of Contacts”, if needed. For example, the Agency PMF Coordinator and/or PMF’s supervisor.

6. The PMF version of the FMS Form 7600B on the PMF website includes the following boxes pre-populated:
  - a. Service Agency’s Agreement Tracking Number (Optional): This is populated once an FMS Form 7600A is executed.
  - b. Box 24: Servicing Agency Name and Mailing Address.
  - c. Box 28: Servicing Agency Funding Information and Description of Products and/or Services.
  - d. Box 33: Billing Frequency to reflect “Fee is due within 30 days of each PMF appointment offer.”
  - e. Box 34: Payment Terms to reflect “Fee is due within 30 days of each PMF appointment offer.”


- f. Box 37: Program Official to include Name, Title, Work Phone Number, Work Fax Number, and Work Email Address.
  - g. Box 38: Funding Official to include Name, Title, Work Phone Number, Work Fax Number, and Work Email Address.
  - h. Box 39: Finance Office Point of Contact to include Name, Title, Work Mailing Address, Work Phone Number, Work Fax Number, and Work Email Address.
7. Once the FMS Form 7600B is filled out and signed, the requesting agency is asked to email the form to [pmffee@opm.gov](mailto:pmffee@opm.gov).
  8. Typically agencies fill out both the 7600A and 7600B and submit both simultaneously. See instructions above for the 7600A.
  9. Upon receipt, the PMF Program Office will review for accuracy, sign, and provide a copy back to the requesting agency.


Please digitally sign the forms and email to the PMF Program Office via [pmffee@opm.gov](mailto:pmffee@opm.gov). If digital signatures are not possible, please electronically scan for submission. Any FMS Form 7600B that is submitted without an associated FMS Form 7600A attached or already on file will be suspended until such 7600A form is received; we will notify the requesting agency.

Please contact us if you have any questions by sending an email to [pmffee@opm.gov](mailto:pmffee@opm.gov).

**SAMPLE FS FORMS 7600 A & B (PMF PROGRAM 2017 VERSION)** – PMF versions of these forms can be found under the [Agencies\Resources](#) section on the PMF website at [www.pmf.gov](http://www.pmf.gov).

**FS Form 7600A:**

UNITED STATES GOVERNMENT INTERAGENCY AGREEMENT (IAA) Agreement Between Federal Agencies General Terms & Conditions (GT&C) Section		 BUREAU OF THE <b>Fiscal Service</b> LEAD. TRANSFORM. DELIVER.
IAA Number _____ GT&C # _____ Order # _____ Amendment # / Mod # _____		
<b>DEPARTMENT AND/OR AGENCY</b>		
<b>1. Requesting Agency of Products / Services</b>	<b>Servicing Agency Providing Products / Services</b>	
Name	U.S. Office of Personnel Management (OPM), PMF Program Office	
Address	1900 E St NW, Room 6500 Washington, DC 20415	
<b>2. Servicing Agency Tracking Number (Optional) :</b>		
<b>3. Assisted Acquisition Agreement</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4. GT&amp;C Action (Check action being taken)</b>		
<input type="checkbox"/> <b>New</b>		
<input type="checkbox"/> <b>Amendment</b> - Complete only the GT&C blocks being changed and explain the changes being made.		
<input type="checkbox"/> <b>Cancellation</b> - Provide a brief explanation for the IAA cancellation and complete the effective End Date.		
<b>5. Agreement Period</b> Start Date _____ End Date _____ of IAA or effective cancellation date MM-DD-YYYY MM-DD-YYYY		
<b>6. Recurring Agreement (Check One)</b> A Recurring Agreement will continue, unless a notice to discontinue is received		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, this is an: Annual Renewal <input type="checkbox"/> Other Renewal <input type="checkbox"/> State the other renewal period: _____		
<b>7. Agreement Type (Check One)</b> <input type="checkbox"/> Single Order IAA <input type="checkbox"/> Multiple Order IAA		
<b>8. Are Advance Payments Allowed for this IAA (Check One)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation		
Note: Specific advance amounts will be captured on each related order.		

UNITED STATES GOVERNMENT INTERAGENCY AGREEMENT (IAA) Agreement Between Federal Agencies General Terms & Conditions (GT&C) Section		 BUREAU OF THE <b>Fiscal Service</b> LEAD. TRANSFORM. DELIVER.
IAA Number _____ GT&C # _____ Order # _____ Amendment # / Mod # _____		
<b>9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount)</b> (Optional for assisted Acquisitions)		
Direct Cost	Provide a general explanation of the Overhead Fees and Charges	
Overhead Fees & Charges	This is a \$7,000 reimbursement placement fee per appointment of a Finalist to a PMF position under 5 CFR 362, Pathways Program's Presidential Management Fellows (PMF) Program.	
Total Estimated Amount	\$0.00	
<b>10. STATUTORY AUTHORITY</b>		
<b>a. Requesting Agency's Authority (Check One)</b>		
Franchise Fund	Revolving Fund	Working Capital Fund
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economy Act (31 U.S.C. 1535 / FAR 17.5) <input checked="" type="checkbox"/> Other Authority <input type="checkbox"/>		
Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority		
<b>b. Servicing Agency's Authority (Check One)</b>		
Franchise Fund	Revolving Fund	Working Capital Fund
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Economy Act (31 U.S.C. 1535 / FAR 17.5) <input type="checkbox"/> Other Authority <input type="checkbox"/>		
Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority		
<b>11. Requesting Agency's Scope (State and/or List Attachments that support Requesting Agency's Scope.)</b>		
This is to establish an IAA for our agency to reimburse OPM's PMF Program Office for each PMF appointment offer. This placement fee covers the servicing agency's expenses for administering this government-wide program. The placement fee must be submitted to OPM within 30 days of the acceptance of a PMF appointment offer. As the regulations (5 CFR 362) and OPM's policies and guidance for participating in the PMF Program.		
<b>12. Roles and Responsibilities for the Requesting Agency and the Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency)</b>		
A current list of roles and responsibilities for participating Federal agencies can be found under the "Agencies/Agency Responsibilities" section on the PMF website ( <a href="https://www.pmf.gov/agencies/agency-responsibilities.aspx">https://www.pmf.gov/agencies/agency-responsibilities.aspx</a> ).		
A current list of roles and responsibilities of OPM's PMF Program Office can be found under the "About Us/Meet the Team" section on the PMF website ( <a href="https://www.pmf.gov/about-us/meet-the-team.aspx">https://www.pmf.gov/about-us/meet-the-team.aspx</a> ).		



IAA Number \_\_\_\_\_ GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment # / Mod # \_\_\_\_\_

**13. Restrictions** (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).

**14. Assisted Acquisition Small Business Credit Clause** (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency).

**15. Disputes:** Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Transaction (IGT) Guide.

**16. Termination** (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)

If this agreement is cancelled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.  
**If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.**

**17. Assisted Acquisition Agreements - Requesting Agency's Organizations Authorized to Request Acquisition Assistance for this IAA** (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.

**18. Assisted Acquisition Agreements - Servicing Agency's Organizations Authorized to Request Acquisition Assistance for this IAA** (State or attach a list of Servicing Agency's organizations authorized to request acquisition assistance for this IAA.)

**19. Requesting Agency Clause(s)** (Optional) (State and/or attach any additional Requesting Agency clauses.)

**20. Servicing Agency Clause(s)** (Optional) (State and/or attach any additional Servicing Agency clauses.)

**FS Form 7600B:**



IAA Number \_\_\_\_\_ GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment # / Mod # \_\_\_\_\_ Servicing Agency's Agreement Tracking Number (Optional) \_\_\_\_\_

**24. PRIMARY ORGANIZATION/OFFICE INFORMATION**

Requesting Agency	Servicing Agency
Primary Organization / Office Name	U.S. Office of Personnel Management (OPM), PMF Program Office
Responsible Organization / Office Address	1900 E St NW, Room 6500 Washington, DC 20415

**ORDER REQUIREMENTS INFORMATION**

**25. Order Action** (Check One)

**New**

**Modification (Mod)** - List affected Order blocks being changed and explain the changes being made. For example: for a performance period mod, state the new performance period for this Order in Block 27. **Fill out the Funding Modification Summary by Line** (Block 26) if the mod involves adding, deleting, or changing **Funding for an Order Line**.

**Cancellation** - Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.

**26. Funding Modification Summary by Line**

Line #	Line #	Line #	Total of All Other Lines (attach funding details)	Total
Original Line Funding				\$0.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]				\$0.00
Funding Change for This Mod				\$0.00
<b>TOTAL Modified Obligation</b>	\$0.00	\$0.00	\$0.00	\$0.00
Total Advance Amount (-)				\$0.00
Net Modified Amount Due	\$0.00	\$0.00	\$0.00	\$0.00

**27. Performance Period**

For a performance period mod, insert the start and end dates that reflect the new performance period.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 MM-DD-YYYY MM-DD-YYYY



IAA Number \_\_\_\_\_ GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment # / Mod # \_\_\_\_\_

**21. Additional Requesting Agency and/or Servicing Agency Attachments** (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency Attachments)

**22. Annual Review of IAA**  
 By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

**AGENCY OFFICIAL**  
 The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Agency Official to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled as per the agreement.  
 The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.  
 Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.

23.	Requesting Agency	Servicing Agency
Name		Evelyn Armstrong
Title		PMF Program Office
Telephone Number(s)		(202) 606-1040
Fax Number		(202) 606-3040
Email Address		pmffee@opm.gov
SIGNATURE		
Approval Date		



IAA Number \_\_\_\_\_ GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment # / Mod # \_\_\_\_\_ Servicing Agency's Agreement Tracking Number (Optional) \_\_\_\_\_

**28. Order Line / Funding Information**

Component	Requesting Agency Funding Information										Servicing Agency Funding Information					
	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB
ALC																
TAS required by 10/1/2014											024			X	4571	024
and/or current TAS format											024X4571					
BETC											COLL					
Object Class Code (Optional)																
BPN																
BPN + 4 (Optional)											796654189					
Additional Accounting Classification / Information (Optional)											Fund - 4571XXXXRBOD Org. 2640501100 Program - 43000000 SG - 260100000					
Requesting Agency Funding Expiration Date											Requesting Agency Funding Cancellation Date					
MM-DD-YYYY											MM-DD-YYYY					
<b>Project Number &amp; Title</b>																
<b>Description of Products and/or Service, including the Bona Fide Need for this Order</b> (State or attach a description of products/services, including the Bona Fide need for this Order.) This Order is for the requesting agency to reimburse OPM's PMF Program Office for the following PMF appointments (list the PMF's first and last name, class year (if known), and Entry on Duty (EOD) start date (if known):																
North American Industry Classification System (NAICS) Number (Optional)																
<b>Breakdown of Reimbursable Line Costs and/or Breakdown of Assisted Acquisition Line Cost:</b>																
Unit of Measure	Quantity	Unit Price	Total	Contract Cost	Servicing Fees	Total Obligated Cost	Assisted Acquisition Servicing Fees Explanation									
			\$0.00			\$0.00										
Overhead Fees and Charges							Advance for Line (-)									
Total Line Amount Obligated			\$0.00				Net Total Cost \$0.00									
Advance Line Amount (-)																
Net Line Amount Due			\$0.00													





IAA Number \_\_\_\_\_ GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment # / Mod # \_\_\_\_\_ Servicing Agency's Agreement Tracking Number (Optional) \_\_\_\_\_

**29. Advance Information** (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C)  
**Total Advance Amount for the Order** \_\_\_\_\_ [All Order Line Advance amounts (Block 28) must sum to this total.]  
**Revenue Recognition Methodology** (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue.)  
 Straight-Line — Provide amount to be accrued \_\_\_\_\_ and Number of Months \_\_\_\_\_  
 Accrual Per Work Completed — Identify the accounting post period:  
 Monthly per work completed & invoiced  
 Other — Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed.  
 \_\_\_\_\_

**30. Total Net Order Amount:** \$0.00  
 [All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total]

**31. Attachments** (State or list attachments)  
 Key Project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)  
 \_\_\_\_\_  
 Other Attachments (Optional)  
 \_\_\_\_\_

**BILLING AND PAYMENT INFORMATION**

**32. Payment Method** (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.]  
 Requesting Agency Initiated IPAC       Servicing Agency Initiated IPAC  
 Credit Card       Other — Explain other payment method and reasoning:  
 \_\_\_\_\_

**33. Billing Frequency** (Check One)  
 [An invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]  
 Monthly     Quarterly     Other Billing Frequency (include explanation): Due 30 days for each PMF apt.  
 \_\_\_\_\_

**34. Payment Terms** (Check One)  
 7 Days     Other Payment Terms (include explanation): Due 30 days for each PMF appointment  
 \_\_\_\_\_



IAA Number \_\_\_\_\_ GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment # / Mod # \_\_\_\_\_ Servicing Agency's Agreement Tracking Number (Optional) \_\_\_\_\_

**35. Funding Clauses / Instructions** (Optional) (State and/or list funding clauses/instructions)  
 Subject to the Availability of Funds  
 \_\_\_\_\_

**36. Delivery /Shipping Information for Products** (Optional)  
 Agency Name \_\_\_\_\_  
 Point of Contact (POC) Name & Title \_\_\_\_\_  
 POC Email Address \_\_\_\_\_  
 Delivery Address / Room Number \_\_\_\_\_  
 POC Telephone Number \_\_\_\_\_  
 Special Shipping Information \_\_\_\_\_

**APPROVALS AND CONTACT INFORMATION**

**37. Program Officials**  
 The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

	Requesting Agency	Servicing Agency
Name		Evelyn Armstrong
Title		PMF Program Office
Telephone Number		(202) 606-1040
Fax Number		(202) 606-3040
Email Address		pmffee@opm.gov
<b>SIGNATURE</b>		
Date Signed		

**38. Funding Officials** — The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency, in accordance with the agreement.

	Requesting Agency	Servicing Agency
Name		Evelyn Armstrong
Title		PMF Program Office
Telephone Number		(202) 606-1040
Fax Number		(202) 606-3040
Email Address		pmffee@opm.gov
<b>SIGNATURE</b>		
Date Signed		



IAA Number \_\_\_\_\_ GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment # / Mod # \_\_\_\_\_ Servicing Agency's Agreement Tracking Number (Optional) \_\_\_\_\_

**CONTACT INFORMATION**

**39. FINANCE OFFICE Points of Contact (POCs)**

	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name		Evelyn Armstrong
Title		PMF Program Office
Office Address		1900 E St NW, Rm 6500 Washington, DC 20415
Telephone Number		(202) 606-1040
Fax Number		(202) 606-3040
Email Address		pmffee@opm.gov
Signature & Date (Optional)		

**40. ADDITIONAL Points of Contact (POCs)** (as determined by each Agency)  
 This may include CONTRACTING Office Points of Contact (POCs).

	Requesting Agency	Servicing Agency
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		