

INSTRUCTIONS: Fill-in blocks 1-7 (left-side of form), then mail, fax or email form to the PMF Program Office listed in block 10. Though payment by charge card is quicker and most efficient, you can use the PMF Program's OPM Form 1616 for IPAC. Both this version and the 1616 can be found on the PMF website at <http://www.pmf.opm.gov>, under "Forms". 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 Presidential Management Fellows (PMF) Program Charge Card Form		8. FISCAL YEAR:	
2. TOTAL AMOUNT TO CHARGE:				2004	
\$				9. OPM/PMF USE ONLY:	
3. PRODUCT/SERVICE TO BE PERFORMED: Please complete blocks 3 and 3a. before submission.					
<p>The fee of \$4,800 is based on agency hiring projections and covers the cost of recruitment, screening, selection, placement and OPM sponsored orientation and graduation of the Presidential Management Fellow (PMF). This fee does not cover travel and per diem expenses associated with attendance at any PMF-sponsored events. Agencies are expected to cover these costs for each of their Fellows.</p> <p>\$4,800 x _____ (Total # of PMFs) = \$ _____ (Total Amount to be inserted in block 2, above.)</p>					
a. Indicate number and type attachments, if any. Please use this space to identify the PMF Fellow(s) by full name and their Entry On Duty (EOD) date:					
4. REQUESTING AGENCY (Federal, State or Local Agency):			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 Washington, DC 20415-9820 DUNNS# 126536929 TAX ID#: 52-1136517		
b. Program Office Contact Name and Commercial Telephone Number:			b. Program Office Contact Name and Telephone Number:		
			Rob Timmins, (202) 606-2674		
c. Program Office Fax Number:		c. Program Office Fax Number:			
		(202) 606-3040			
d. Internet Email Address (if available):		d. Internet Email Address:			
		Rob.Timmins@opm.gov			
5. COMPLETE "SHIP TO" ADDRESS (if different in 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 & Budget circulars.) (Check all that apply):		
Point of Contact and Telephone Number (if different in 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 charge cardholder) A receipt will be faxed to the cardholder upon approval.			12. OPM FINANCE OFFICE CONTACT:		
a. Cardholder's Name:			Rob Timmins, Business Ops Mgr., rob.timmins@opm.gov		Direct: (202) 606-2674
b. Cardholder's Email Address:					Fax: (202) 606-3040
c. Charge Card Number:			13. OPM/PMF USE ONLY:		
d. Charge Card Expiration Date:		e. Type of Charge Card:			
		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
f. Cardholder's Phone Number (commercial numbers only):		a. <input type="checkbox"/> Trans.#: _____		b. <input type="checkbox"/> Approval#: _____	
g. Cardholder's Fax Number (commercial numbers only):		c. <input type="checkbox"/> Receipt Sent: _____		d. <input type="checkbox"/> EE <input type="checkbox"/> HE <input type="checkbox"/> 1E	
7. AUTHORIZING APPROVAL (REQUESTING AGENCY):			e. PMF Program Project Code:		05EA3L
Cardholder's Signature:		Date:		f. GFIS Agreement Number:	
				05EA	
				g. GFIS Document Number:	