

PMF REIMBURSEMENT PROCESS FOR AGENCIES

BACKGROUND: The Presidential Management Fellows (PMF) Program is a government-wide program providing talented recent graduates (Finalists) to participating Federal agencies. Finalists are appointed as Fellows 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.

The Presidential Management Fellows (PMF) is a full cost recovery program and as such when an agency initially appoints a Finalist into a PMF position, the agency must reimburse the PMF Program Office a one-time placement fee that covers the recruitment, assessment, selection, and placement process costs for Finalists entering into PMF appointments; for PMF Program Officer operations, support and training opportunities for stakeholders (e.g., Orientation, PMF Leadership and Development Program (LDP) for Fellows); and, for the PMF website and PMF Talent Management System (TMS). **Reimbursement is due within 30-days after a Finalist has been made and accepted a tentative PMF appointment offer (not after onboarding as a Fellow).** PMFs may not be permitted to participate in PMF Program Office sponsored events (e.g., Orientation, PMF Leadership and Development Program (LDP), and/or Graduation) until the reimbursement is received. A large portion of the PMF Program's expenses are incurred during the annual recruitment cycle (e.g., annual PMF application and assessment process, adjudication process, selection of Finalists, and staging the PMF LDP sessions). It is critical for agencies to reimburse the PMF Program Office timely to cover these expenses.

Federal agencies interested in participating in the Pathways Programs (5 CFR 362), including the PMF Program, must enter into a Memorandum of Understanding (MOU) with the U.S. Office of Personnel Management (OPM). Agencies excepted from the competitive service may participate in the PMF Program under a Memorandum of Agreement (MOA) with the PMF Program Office directly. A list of agency responsibilities can be found under the "Agencies\Agency Responsibilities" section on the PMF website at <https://www.pmf.gov/agencies/agency-responsibilities/>.

To facilitate the reimbursement to the PMF Program Office, an agency is to initiate an Interagency Agreement (IAA) with OPM by utilizing the FS Forms 7600A and B. These FS forms are the preferred method for establishing an IAA per the U.S. Department of Treasury's Bureau of Fiscal Service (FS), previously referred to as the Financial Management Service (FMS), and are the standard forms to be used government-wide for all reimbursable agreements at the trading partner level. **These instructions are based on the FS Forms 7600A (dated "May 2019") and B (dated "November 2019") as provided by the Treasury's Bureau of Fiscal Service; please check the PMF website for any updates. Please check the "Agencies\Resources" webpage (<https://www.pmf.gov/agencies/resources/>) for any updates.**

The IAA is comprised of two sections:

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

NOTE: Treasury's has mandated use of G-Invoicing by all Federal agencies by 06-30-2021. G-Invoicing is a web-based application created to efficiently manage intra-governmental transactions between Federal agencies. Additional

information on G-Invoicing can be found at <https://www.fiscal.treasury.gov/g-invoice/index.html>. OPM has *NOT* yet implemented G-Invoicing; however, the G-Invoicing versions of the FS Forms are required.

If your agency prefers to submit payment via a Government Purchase Credit Card, please contact us by sending an email to pmffee@opm.gov for assistance.

The agency/sub-agency's program office who initially appointed the Finalist into a PMF position is responsible for initiating the reimbursement to the PMF Program Office. Once a Finalist is recorded as "appointed" in the PMF Talent Management System (TMS), an automated notification email is sent out to both the Presidential Management Fellow's supervisor as well as the Agency PMF Coordinator with details of the pending reimbursement requirement. In addition, the PMF TMS will send an automated email reminder every 30 days until progress is made on the reimbursement. Agency PMF Coordinators can view the financial status of Fellows within the PMF Talent Management System (TMS), including any financial documents and/or financial comments associated to the Fellow's appointment. Additional guidance may be available by contacting your Agency PMF Coordinator. A current list of Agency PMF Coordinators may be found under the "Agencies\List of Coordinators" section on the PMF website at: <https://apply.pmf.gov/coordinators.aspx>.

In the event of a PMF reappointment (when a PMF transfers or reassigns to another PMF position and/or agency within the first 6 months of the initial appointment), 5 CFR §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 cases, the two agencies may come to an agreement on the terms and payment process. The PMF Program office will not assume responsibility or obligation on any such agreement or terms reached by the agencies. The full PMF reimbursement obligation will be the responsibility of the original appointing agency.

If you have multiple PMFs being reimbursed, you can list them on the FS Form 7600B. If you are pre-paying for a number of PMFs (e.g., you either anticipate or in the process of hiring multiple PMFs), state "Multiple PMFs" on the FS Form 7600B; the IAA would be recorded and treated as a "drawdown" where Agency PMF Coordinators can monitor and apply funds upon recording a PMF appointment in the PMF TMS.

CHECKLISTS: See the Checklists provided at the bottom of this document. The Checklists identify the most common mistakes when filling out the financial forms and are based on the version of the financial forms identified above.

INSTRUCTIONS: The PMF-version of the FS Forms 7600 A and B may be found under the "Agencies\Resources" section on the PMF website at <https://www.pmf.gov/agencies/resources/>. We encourage agencies to utilize the current version of the forms from the PMF website for every submission, as information on the forms or the forms themselves are subject to change. Agencies who submit incomplete or out of date forms may experience delays in processing and/or may be asked to resubmit. The PMF-versions contain agency information specific to the PMF Program Office.

FS Form 7600A Instructions – This is the "General Terms and Conditions (GT&C) Section" for creating an IAA.

1. Please review the FS Form 7600A in its entirety. You may need to consult with your financial office on how to properly complete this form for submission to the PMF Program Office.
2. The 7600A establishes the legal foundation for the relationship between the requesting and servicing agencies. It identifies the agencies entering into the agreement, the authority permitting the agreement, and the agreement action, period, and type. The 7600A may support multiple 7600Bs (Orders).

| <input checked="" type="checkbox"/> | Box #: | Field Name: | Instructions: |
|---|--------|--|---|
| NEW OR MODIFIED GT&C | | | |
| | Header | GT&C Number | Enter your agency's Interagency Agreement Number (and Modification Number when applicable). GT&C # refers to the "General Terms & Conditions" number, purchase order, or obligating document number that your agency may assign. |
| | | Modification Number | If and when applicable, enter the Modification Number. |
| AGENCY INFORMATION | | | |
| | 1 | Agency Identifier (AID) | Enter the requesting Agency Identifier Number (AID); a three-digit Treasury Account Symbol. |
| | | Agency Location Code (ALC) | Enter your agency's eight-digit unique Agency Location Code used to report disbursements and collections to Treasury. An ALC is an identifier for an accounting office within your agency. |
| | | Agency Name | Enter the requesting agency's name. Specific office name can be identified on the FS Form 7600B. |
| | | Agency Address | Enter the requesting agency's mailing address. Specific office addresses can be identified on the FS Form 7600B. |
| | | Cost Center | An organizational filter within G-Invoicing. Enter "N/A" as in Not Applicable. |
| | | Business Unit | An organizational filter within G-Invoicing. You may skip this field. |
| | | Department ID | An organizational filter within G-Invoicing. Enter "N/A" as in Not Applicable. |
| GT&C INFORMATION | | | |
| | 2 | GT&C Title | May be an Agreement Title or anything to help identify the associated GT&C (e.g., PMF fee for [Class Year] [First and Last Name of Fellow]). If multiple PMFs, state "PMF Fees". |
| | 3 | Agency Agreement Tracking Number | An internal tracking number for the GT&C. This number is generated and maintained by each Agency's internal system (e.g., Agreement Number (#), Project Code, or combination of the two). |
| | 4 | Agreement Period | Enter the period (e.g., start and end dates) during which the requesting agency expects all Orders (FS Form 7600B's) to be completed by the servicing agency. The IAA becomes effective when both parties have signed. The end date can be up to 5 years. |
| | 5 | Termination Days | Termination days agreed by both servicing and requesting agency for termination of the contract/agreement (e.g., the standard is 30 days); leave blank if not applicable. |
| | 6 | Agreement Type | Identifies whether this GT&C will support one (Single) Order or more than one (Multiple) Orders. |
| | 7 | Advance Payment Indicator | Check "Yes" if advance payments are allowed or check "No" if advances are NOT allowed. |
| | 8 | Assisted Acquisition Indicator | For the purpose of reimbursing the PMF Program Office for a PMF appointment, this should be checked as "No". |
| ESTIMATED AGREEMENT AMOUNT | | | |
| | 9 | Total Direct Cost Amount | Enter the total agreed upon direct cost amount for providing the products and/or services. |
| | | Total Overhead Fees and Charges Amount | Enter the total agreed upon overhead fees and charges for providing the products and/or services above and beyond direct costs. |
| | | Total Estimated Amount | The placement fee for each Finalist appointed as a PMF (from the Class of 2011>) is \$8,000. If this GT&C is covering multiple PMF reimbursements, adjust the "Total Estimated Amount" accordingly. |
| | | Enforce Total Remaining Amount | This is specific to G-Invoicing. Leave blank. |
| ADDITIONAL AGREEMENT INFORMATION | | | |
| | 10 | Explanation of Overhead Fees and Charges | "N/A", as in Not Applicable. |
| | 11 | Requesting Scope | A brief high-level description of the services being acquired by the Requesting Agency. For the PMF Program: "Reimbursement to OPM to cover its costs associated to a PMF appointment." |
| | 12 | Requesting Roles | A description of the roles and responsibilities of the requesting agency and expectations. For the PMF Program, a link is inserted to show the requesting agency roles and responsibilities. |
| | 13 | Servicing Roles | A description of the roles and responsibilities of the servicing agency and expectations. For the PMF Program, a link is inserted to redirect to the policies, regulations, and resources of the PMF Program. |

| <input checked="" type="checkbox"/> | Box #: | Field Name: | Instructions: |
|--|--------|---|--|
| | 14 | Restrictions | Enter any restrictions agreed upon by both parties or "N/A", as in Not Applicable. |
| | 15 | Assisted Acquisition Small Business Credit Clause | No Action. The form is pre-populated with a standard clause. |
| | 16 | Disputes | No Action. The form is pre-populated with a standard clause. |
| | 17 | Requesting Assisted Acquisitions | "N/A", as in Not Applicable, for the purpose of reimbursing the PMF Program Office for a PMF appointment. |
| | 18 | Servicing Assisted Acquisitions | "N/A", as in Not Applicable, for the purpose of reimbursing the PMF Program Office for a PMF appointment. |
| | 19 | Requesting Clause | Enter additional information or clause as it pertains to the requesting agency, if any. |
| | 20 | Servicing Clause | Enter additional information or clause as it pertains to the servicing agency. For the PMF Program, we ask the agency to inform its designated Agency PMF Coordinator of any reimbursement. |
| CLOSE GT&C | | | |
| | 21 | Closing Date/Comments | Enter closing date and explanation, if applicable, or "N/A", as in Not Applicable. |
| PREPARER INFORMATION | | | |
| | 22 | Preparer Information | Enter the preparer's name, phone number, and e-mail address of the requesting agency. |
| AGREEMENT APPROVALS (FOR INITIAL AND FINAL APPROVALS) | | | |
| | 23 | Initial Approvals | Requesting Agency's authorized approver fills out and signs the left-hand side and Servicing Agency's authorized approver fills out and signs the right-hand side. Electronic signatures accepted. |
| | 24 | Final Approvals | Requesting Agency's authorized approver fills out and signs the left-hand side and Servicing Agency's authorized approver fills out and signs the right-hand side. Electronic signatures accepted. |

3. Once the FS Form 7600A is filled out and signed, the requesting agency is asked to email the form to pmffee@opm.gov. Alternatively, Agency PMF Coordinators have the ability to upload the completed financial forms directly to the PMF's records in the PMF TMS; this is the preferred process.
4. Upon receipt, the PMF Program Office will review for accuracy, assign a tracking number, sign, and provide a copy back to the requesting agency.

FS Form 7600B Instructions – This is the "Order Requirements and Funding Information" (Order) used against the 7600A.

1. Please review the FS 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 tentative PMF appointment offer (not after onboarding). A 7600B cannot be submitted without a prior or accompanying 7600A.
3. You may use the table below as a checklist and as a reference when filling out the boxes (as applicable).
 - a. The version of the FS Form 7600B, located under the "Agencies\Resources" section on the PMF website (<https://www.pmf.gov/agencies/resources/>), has been pre-populated.

| <input checked="" type="checkbox"/> | Box #: | Field Name: | Instructions: |
|-------------------------------------|--------|-------------------------------------|---|
| NEW OR MODIFIED ORDER | | | |
| | 1 | Order/Modification Number | Enter your agency's unique Order Number, or unique Modification Number, which is added to the end of the Order Number that incrementally increases after each modification. |
| | 2 | General Terms & Conditions (GT&C) # | Enter the GT&C number that the Order is associated to. |

| <input checked="" type="checkbox"/> | Box #: | Field Name: | Instructions: |
|-------------------------------------|--------|---|---|
| | 3 | Order Date | Enter the date the order was created as YYYY-MM-DD. |
| PARTNER INFORMATION | | | |
| | 4 | Assisted Acquisition Indicator | For the purpose of reimbursing the PMF Program Office for a PMF appointment, this should be checked as "No". |
| | 5 | Period of Performance | Enter the Start and End Dates; dates must fall within the GT&C Agreement Period. |
| | 6 | Agency Location Code (ALC) | Enter your agency's eight-digit unique Agency Location Code used to report disbursements and collections to Treasury. For the PMF Program Office the code is 24000001. |
| | 7 | Agency Name | Enter the requesting agency's name. |
| | 8 | Cost Center | An organizational filter within G-Invoicing. |
| | 9 | Business Unit | An organizational filter within G-Invoicing. |
| | 10 | Department ID | An organizational filter within G-Invoicing. |
| | 11 | Order Tracking Number | Additional accounting information used by Federal Agencies for internal tracking (e.g., project code, description, fund, organization code, strategic goal). |
| | 12 | Agency Business Partner Network (BPN) | Enter the requesting agency's DUNS# (NOTE: The DUNS# is being phased out and those agencies registered with the System for Award Management (SAM.gov) will be issued a Unique Entity Identifier (UEI) or SAMMI (SAM Managed Identifiers) by December of 2020 to use instead.) |
| AUTHORITY INFORMATION | | | |
| | 13 | Statutory Authority Fund Type Code | Enter your agency's Statutory Authority Fund. The boxes for "Revolving Fund" have been pre-checked; however, the Requesting Agency's Authority may be changed as appropriate. |
| | 14 | Statutory Authority Fund Type Title | Enter your agency's Statutory Authority Fund. The boxes have been pre-populated with "Revolving Fund"; however, the Requesting Agency's Authority may be changed as appropriate. |
| | 15 | Statutory Authority Fund Type Citation | Enter your agency's citation. The boxes have been pre-populated with "5 USC 1304(e)"; however, the Requesting Agency's Citation may be changed as appropriate. |
| | 16 | Program Authority Title | Enter your agency's Statutory Authority Fund. The boxes have been pre-populated with "Revolving Fund"; however, the Requesting Agency's Authority may be changed as appropriate. |
| | 17 | Program Authority Citation | Enter your agency's citation. The boxes have been pre-populated with "5 USC 1304(e)"; however, the Requesting Agency's Citation may be changed as appropriate |
| ADVANCE INFORMATION | | | |
| | 18 | Advance Revenue Recognition Methodology | Only applicable on Advance Payments. |
| | 19 | Advance Revenue Recognition Description | Only applicable on Advance Payments. Enter "N/A" as in Not Applicable. |
| | 20 | Advance Payment Authority Title | Only applicable on Advance Payments. Enter "N/A" as in Not Applicable. |
| | 21 | Advance Payment Authority Citation | Only applicable on Advance Payments. Enter "N/A" as in Not Applicable. |
| | 22 | Total Advance Amount | Only applicable on Advance Payments. Leave blank. |
| DELIVERY INFORMATION | | | |
| | 23 | FOB Point | Delivery Information to be completed by the Requesting Agency. Indicate Source/Origin, or Destination, or Other. For the PMF Program, choose "Source/Origin". |
| | 24 | Constructive Receipt Days | Calendar Days required if "Other" was selected on Box# 23 above. |
| | 25 | Acceptance Point | Choose from "Source/Origin", "Destination", or "Other". For the PMF Program, choose "Source/Origin". |
| | 26 | Place of Acceptance | Enter destination for which the goods or services will be accepted, if applicable. |
| | 27 | Inspection Point | Choose from "Source/Origin", "Destination", or "Other". For the PMF Program, choose "Source/Origin". |
| | 28 | Place of Inspection | Enter the location at which the goods or services will be inspection, if applicable. |

| <input checked="" type="checkbox"/> | Box #: | Field Name: | Instructions: |
|--|--------|---|--|
| ORDER BILLING (Servicing and Requesting Agencies) | | | |
| | 29 | Billing Frequency | Choose "Other". |
| | 30 | Billing Frequency Explanation | Enter "One Time" |
| | 31 | Priority Order Indicator | Choose "Yes" or "No" if the order a high priority; otherwise, select "No". |
| | 32 | Capital Planning and Investment Control | Only applicable for major IT Investments; otherwise, select "No". |
| LINE ITEMS (additional lines may be added by using the "+" button after Box 93) | | | |
| | 33 | Line Number | Indicate the Line Number (e.g., enter "1"), additional lines may be added after Box 93. |
| | 34 | Order Line Status | Indicate if Order is "Active" or "Cancelled"; for PMF Program, "Active" is pre-populated. |
| | 35 | Item Code | Not applicable for PMF Program; otherwise, leave blank. |
| | 36 | Item Description | <i>This is where the agency would list the PMF's (by first and last name) being reimbursed.</i> |
| | 37 | Line Costs Unit of Measure (UOM) | Enter the unit of measure for each Order Line (e.g., EA-Each, DOL-USD Dollars, etc.). For the PMF Program, use "EA" for each PMF being reimbursed. This box is pre-populated as "EA". |
| | 38 | Unit of Measure (UOM) Description | This box is pre-populated to show the current one-time placement fee of "\$8,000 per each PMF being reimbursed." |
| | 39 | Total Line Costs | Enter the sum of the line Costs. |
| | 40 | Order Line Advanced Amt | Enter Advanced Amount only if applicable from Boxes 18-22; otherwise, leave blank. |
| | 41 | Product/Service Identifier | Enter "N/A" as in Not Applicable for the PMF Program. |
| | 42 | Capitalized Asset Indicator | Select "No" since not applicable for the PMF Program. |
| | 43 | Item UID Required Indicator | UID = Unique Item Identifier; Select "No" since not applicable for the PMF Program. |
| | 44 | Type of Service Requirements | Select "Severable" for the PMF Program. |
| SCHEDULE SUMMARY | | | |
| | 45 | Schedule Number | Not applicable for PMF Program; otherwise, enter "N/A". |
| | 46 | Advance Pay Indicator | Indicate "True" if Advance Pay is selected or "False" for all others. Default to "False" for PMF Pgm. |
| | 47 | Cancel Status (schedule) | Select "Active" or "Cancelled". Default to "Active" for PMF Program. |
| | 48 | Schedule Unit Cost/Price | Enter the price of each unit. For the PMF Program, this is defaulted to "\$8,000/PMF". |
| | 49 | Order Schedule Quantity | Enter the total number of units (e.g., total number of PMFs being reimbursed). |
| | 50 | Order Schedule Amount | Enter the total amount (e.g., Unit Cost x Quantity). |
| SCHEDULE FUNDING INFORMATION | | | |
| | 51 | Agency TAS [Treasury Account Symbol] | Enter the requesting agency's funding information (fund symbol). NOTE: The PMF version is pre-populated with the OPM\PMF Program Office funding information. Funding information may be different by class\fiscal year. Please check the PMF website for the most current version. |
| | 52 | Agency Business Event Type Code (BETC) | BETCs will always be "DISB" for the Requesting Agency and "COLL" for the Servicing Agency. |
| | 53 | Agency Business Partner Network (BPN) + 4 | Enter the first 4 digits of the Requesting Agency's DUNS #. See previous notes about the use of a DUNS #. |
| | 54 | Object Class Code | Enter the first 4 digits of the Object Class number (e.g., "2531"). |
| | 55 | Additional Accounting Classification | Enter additional accounting information (e.g., FUND, ORG #, Program Code, Strategic Goal, etc.), if applicable. The PMF version has the PMF Program Office's equivalents pre-populated. |
| | 56 | Description of Products and/or Services | Enough information to describe and support the transaction. <i>For the PMF Program, enter the first and last name of each PMF being reimbursed.</i> The PMF version is pre-populated with general information but may be edited by the Requesting Agency. |

| <input checked="" type="checkbox"/> | Box #: | Field Name: | Instructions: |
|--------------------------------------|--------|---|---|
| SLOA INFORMATION | | | |
| | 57 | Accounting Classification Reference Number | The Requesting Agency may enter additional funding information, if applicable. |
| | 58 | Reimbursable Flag | Always select "Yes" for the PMF Program. |
| | 59 | Federal Award Identification Number | Enter the Requesting Agency's FAIN (Federal Award Identification Number), if applicable; otherwise, enter "N/A" as in Not Applicable. |
| | 60 | Unique Record Identifier | Enter the Requesting Agency's URI, if applicable; otherwise, enter "N/A" as in Not Applicable. |
| | 61 | Activity Address (AAC) | Not Applicable; leave blank. |
| | 62 | Budget Line Item | Not Applicable; leave blank. |
| | 63 | Budget Fiscal Year | Enter the Budget Fiscal Year (e.g., "2020"). |
| | 64 | Security Cooperation (FMS) | Not Applicable; leave blank. |
| | 65 | Security Cooperation Implementing Agency Code | Not Applicable; leave blank. |
| | 66 | Sub-Allocation | Not Applicable; leave blank. |
| | 67 | Agency Accounting Identifier | Not Applicable; leave blank. |
| | 68 | Funding Center Identifier | Not Applicable; leave blank. |
| | 69 | Cost Center Identifier | Not Applicable; leave blank. |
| | 70 | Project Identifier | Not Applicable; leave blank. |
| | 71 | Activity Identifier | Not Applicable; leave blank. |
| | 72 | Cost Element Code | Not Applicable; leave blank. |
| | 73 | Work Order Number | Not Applicable; leave blank. |
| | 74 | Functional Area | Not Applicable; leave blank. |
| | 75 | Agency Security Cooperation Case Designator | Not Applicable; leave blank. |
| | 76 | Parent Award Identifier | Not Applicable; leave blank. |
| | 77 | Procurement Instrument Identifier (PIID) | Enter the unique identifier for each contract, agreement, or order number, if applicable. |
| SCHEDULE SHIPPING INFORMATION | | | |
| | 78 | Ship to Address Identifier | Enter the mailing address where the service is being performed. |
| | 79 | Ship to Agency Title | Name of the Receiving Agency at the ship to location. |
| | 80 | Address 1 | Shipping Address Line 1 |
| | 81 | Address 2 | Shipping Address Line 2 |
| | 82 | Address 3 | Shipping Address Line 3 |
| | 83 | Ship To City | City |
| | 84 | Ship To Postal Code | Enter the 5-digit ZIP Code |
| | 85 | Ship To State | State; defaulted to "District of Columbia" for the PMF version. |
| | 86 | Ship To Country Code | Country |
| | 87 | Ship To Location Description | Enter the description of the ship to, if applicable. |

| <input checked="" type="checkbox"/> | Box #: | Field Name: | Instructions: |
|---|--------|---|--|
| | 88 | Delivery/Shipping Information for Product; Special Shipping Information | Enter special shipping information, if applicable. |
| | 89 | Delivery/Shipping POC Name | Enter a Point of Contact (POC) for additional shipping information, if applicable. |
| | 90 | Delivery/Shipping Information POC Title | Enter the title of the POC for additional shipping information, if applicable. |
| | 91 | Delivery/Shipping Information POC E-mail Address | Enter the e-mail address of the POC for additional shipping information, if applicable. |
| | 92 | Delivery/Shipping Information POC Telephone Number | Enter the phone number of the POC for additional shipping information, if applicable. |
| | 93 | Agency Additional Information | Enter any additional information not covered in the above boxes, if applicable. |
| AGENCY POINT OF CONTACTS (POC) | | | |
| | 94 | Agency Point of Contact | Enter the Requesting Agency's point of contact information (e.g., name, e-mail address, phone and fax numbers). The Service Agency's information is pre-populated on the PMF version. |
| AGREEMENT APPROVALS – NOTE: Electronic signatures are preferred. | | | |
| | 95 | Funding Official – Information & Signature | Enter the Requesting Agency's Funding Official's information (e.g., name, title, e-mail address, phone and fax numbers) and signature. The Servicing Agency's information is pre-populated on the PMF version. |
| PROGRAM OFFICIAL – NOTE: Electronic signatures are preferred. | | | |
| | 96 | Program Official – Information & Signature | Enter the Requesting agency's Program Official's information (name, title, e-mail address, phone and fax numbers) and signature. The Servicing Agency's information is pre-populated on the PMF version. |
| AGENCY PREPARER INFORMATION | | | |
| | 97 | Agency Preparer Information | Enter the Requesting Agency's Preparer's name, phone number, and e-mail address. |

4. Once the FS Form 7600B is filled out and signed, the requesting agency is asked to email the form to pmffee@opm.gov. Alternatively, Agency PMF Coordinators have the ability to upload the completed financial forms directly to the PMF's records in the PMF TMS; this is the preferred process.
5. Agencies are strongly encouraged to complete both the FS Form (7600A) and (7600B) and submit both simultaneously for PMF reimbursements. See instructions above for the FS Form 7600A.
6. Upon receipt, the PMF Program Office will review for accuracy, assign a tracking number, obtain signatures, and provide a copy to the requesting agency.
 - a. The PMF Program Office will process and bill the requesting agency for the transfer of funds via IPAC (Intra-Governmental Payment and Collection).

Any FS Form 7600B (Order Form) that is submitted without an associated FS Form 7600A (attached or already on file), will be suspended until a complete package with both forms is received. Agencies will be notified for incomplete submissions. Please submit any PMF-related financial inquiries via email to pmffee@opm.gov. Thank you!

Please see the **CHECKLISTS** on the following page.

CHECKLISTS: The Checklists focus on the most common mistakes or causes for delays when filling out the financial forms and are based on the version of the financial forms previously referenced. See above detailed instructions for each form and box #. The PMF-versions of the financial forms can be found on the “Agencies\Resources” webpage.

FS Form 7600A:

| BOX #: | TASK: | ☑: |
|---------|---|----|
| Header | Include the original award number issued by your financial office for modification (Mod) agreements on the line at the top area labeled “Modification Number” for modifications. And, if new, please include the “GT&C” Number | |
| 1 | Identify your complete Agency information | |
| 2 | Include the PMF’s First and Last Name, and their Entry on Duty (EOD) start date if known | |
| 4 | Ensure the “Agreement Period” covers your <i>Period of Performance (POP)</i> ; the POP would also appear in Box 5 on Page 1 of the FS Form 7600B | |
| 7 | If “Yes” is selected for the “Advance Payment Indicator”, include the statutory authority, and ensure completion of Boxes 18-22 and 46 on the FS Form 7600B | |
| 8 | “Assisted Acquisition Indicator” is optional for assessing the estimated agreement amount; however, the agreement amount being funded must be indicated here (unless incrementally funding your agreement this amount should match the FS Form 7600B) | |
| 23 & 24 | Ensure signatures are received in both boxes prior to submitting to the PMF Program Office; electronic signatures are preferred and accepted | |

FS Form 7600B:

| BOX #: | TASK: | ☑: |
|---------|---|----|
| 1 | Include the original award number issued by your financial office for modification (Mod) agreements on the line at the top area labeled “Modification Number” for modifications. And, if new, please include the “GT&C” or Order Number in Boxes 1 and 2. | |
| 3 | Include the “Order Date” | |
| 5 | Ensure <i>Period of Performance (POP)</i> agrees or fits within the “Agreement Period” reflected on Page 1, Box #4, of the associated FS Form 7600A | |
| 6 | Include your “Agency Location Code (ALC)” | |
| 7 | Identify your complete Agency Name (e.g., Agency/Sub-Agency/Organization) | |
| 33 & 36 | Indicate the total number of Fellows in Box 33 and enter the description for each Fellow in Box 36 (e.g., Fellow’s first and last name). | |
| 39 | Include the “Total Line Costs” | |
| 51 & 52 | Enter the required codes to include your “Agency TAS [Treasury Account Symbol]” in Box 51 and your “Agency Business Event Type Code (BETC)” in Box 52 | |
| 56 | Enter the Fellow’s first and last name, Class Year (if known), and Entry on Duty (EOD) start date (if known); you can use the same statement from Box 2 of the FS Form 7600A | |
| 95 & 96 | Ensure signatures are received in both boxes prior to submitting to the PMF Program Office; electronic signatures are preferred and accepted | |

Please submit any PMF-related financial inquiries, including any feedback to these instructions and checklists, via email to pmffee@opm.gov.