

PRESIDENTIAL RANK AWARD (PRA) EXPRESS BILLING FORM
 (If total obligation exceeds \$3,000, Forms 7600 A/B are required in lieu of the Express Billing Form.)

	<u>Requesting Agency Information</u>	<u>Servicing Agency Information</u>																																
*Obligating Document Number/Tracking Number		150016PRA																																
*Department/Agency/Division Name		Office of Personnel Management Federal Investigative Services																																
*Address		1900 E Street NW, Room 6H31 Washington DC 20415																																
*Agency Location Code (ALC)		24000001																																
*Treasury Account Symbol (TAS)	<table border="1"> <thead> <tr> <th>SP</th> <th>ATA</th> <th>AID</th> <th>BPOA</th> <th>EPOA</th> <th>A</th> <th>MAIN</th> <th>SUB</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB									<table border="1"> <thead> <tr> <th>SP</th> <th>ATA</th> <th>AID</th> <th>BPOA</th> <th>EPOA</th> <th>A</th> <th>MAIN</th> <th>SUB</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>024</td> <td></td> <td></td> <td>X</td> <td>4571</td> <td>024</td> </tr> </tbody> </table>	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB			024			X	4571	024
SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB																											
SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB																											
		024			X	4571	024																											
*Business Event Transaction Code (BETC)	DISB	COLL																																
*Business Partner Number (BPN)		126536929																																
Object Class Code (Optional)																																		
Additional Accounting Information (Optional)																																		
*Payment Method	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Servicing Agency-Initiated IPAC</td> </tr> <tr> <td><input type="checkbox"/></td> <td>**Government Purchase Card</td> </tr> </table>	<input type="checkbox"/>	Servicing Agency-Initiated IPAC	<input type="checkbox"/>	**Government Purchase Card																													
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<input type="checkbox"/>	**Government Purchase Card																																	
*Total Number of Nominees																																		
Cost Per Nominee		\$1,015.00																																
Total Obligation																																		
*Funds Approving Official																																		
Name		Lanier McCaskill																																
Title		Business Manager																																
Telephone Number		(202) 606-1122																																
Email Address		Lanier.McCaskill@opm.com																																
Signature/Date																																		

The Funds Approving Officials certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in this form. The Requesting Agency Official signs to obligate funds. The Servicing Agency Official signs to bill, collect, and properly account for funds from the Requesting Agency for work completed under this request.

*Denotes required information

**Supplemental Data Required