

**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									150017PRA							
*Department/Agency/Division Name									Office of Personnel Management (OPM) National Background Investigations Bureau (NBIB)							
*Address									1900 E Street NW, Room 6H31 Washington DC 20415							
*Agency Location Code (ALC)									24000001							
*Treasury Account Symbol (TAS)	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			Servicing Agency-Initiated IPAC													
			**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									<a href="mailto:Lanier.McCaskill@opm.gov">Lanier.McCaskill@opm.gov</a>							
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