

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 | | 150018PRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Department/Agency/Division Name | | Office of Personnel Management National Background Investigations Bureau (NBIB) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Address | | 1900 E Street NW, Room 6H31 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"> <tbody> <tr> <td></td> <td>Servicing Agency-Initiated IPAC</td> </tr> <tr> <td></td> <td>**Government Purchase Card</td> </tr> </tbody> </table> | | Servicing Agency-Initiated IPAC | | **Government Purchase Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Servicing Agency-Initiated IPAC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **Government Purchase Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Total Number of Nominees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cost Per Nominee | | \$1,015.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Obligation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Funds Approving Official | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Jeffrey Merkel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | Budget Analyst | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number | | (202) 606-8339 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address | | Jeffrey.Merkel@nbib.gov | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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