

Date: _____

Memorandum

To: National Business Center
Payroll Operations
P.O. Box 272030
Mail Code: **D-2661**
Denver, Colorado 80227

From: Fish and Wildlife Service
Region _____

Subject: Report of Taxable Fringe Benefit (Fitness Center Reimbursement Fees)

Employee Name: _____

Employee SSN: _____

Department: IN Bureau: 15 Subbureau: _____

Amount of Entitlement: \$ _____ (not to exceed \$275.00 annually)

Cost Authority Number: _____ - _____ - _____
Ex: 1261 - 1660 - 99000 (ABC)

Authorized: _____
(Signature and Title)

Date: _____ Telephone Number: (_____) _____

PRIVACY ACT STATEMENT

Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C. 552a(b).