

Date: _____

Memorandum

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

CC: Division of Financial Management
4401 N. Fairfax Drive, MS 7029-43
Arlington, VA 22203

From: Fish and Wildlife Service
Region: _____

Subject: Report of Taxable Fringe Benefit (Telework Broadband Reimbursement)

Employee Name: _____

Employee SSN: _____

Department: _____ Bureau: _____ Subbureau: _____

Amount of Entitlement: \$ _____ (not to exceed \$720 a year)

Cost Structure Number: _____ - _____ - _____ - _____

Fiscal Officer: _____
(Signature and Office)

Supervisor: _____
(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).

*FWS Form 3-2346 must be attached