

# Reclamation Manual

## Directives and Standards

7-2661 (01-2016)  
Bureau of Reclamation



### REPORT OF TAXABLE FRINGE BENEFITS

Agency <b>U.S. Department of the Interior (IN)</b>		Bureau <b>Bureau of Reclamation (07)</b>		Region							
Name of Employee (Last, First, Middle Initial)				Social Security No. (last four digits)							
(H.C. EFB) (Employee Fringe Benefits)											
Organization/Cost Center		Fund Code		WBS (Project Code)							
Tax Year	Date of Documentation	Amount to be Reimbursed	Commitment Item								
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Employee's Signature</td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Employee's Telephone No.</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Supervisor's Signature</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Supervisor's Telephone No.</td> </tr> </table>						Employee's Signature	Date	Employee's Telephone No.	Supervisor's Signature	Date	Supervisor's Telephone No.
Employee's Signature	Date	Employee's Telephone No.									
Supervisor's Signature	Date	Supervisor's Telephone No.									
<p><b>Disposition of this form:</b> Original to servicing Personnel Office. FAX this form to Payroll Operations Division. This FAX is in lieu of original.</p> <p>When completed, handle as Sensitive but Unclassified Material</p>											
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<p><small>Purpose: Fitness/Wellness Subsidy</small></p> <p><small>Routine Uses: Annual Employee Reimbursement Program</small></p> <p><small>Collection: Voluntary, however non-disclosure will affect Payroll Operations Division's ability to deposit reimbursement.</small></p>											