

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 (Financial Planning Services
Reimbursement)

Employee Name: _____

Employee SSN: _____

Department: IN Bureau: 15 Subbureau: _____

Amount of Entitlement: \$ _____ (not to exceed \$200.00 every third year)

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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).