

Date: _____

Memorandum

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

From: US 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: _____ - _____ - _____

Authorized: _____

Date: _____ Telephone Number: (____) _____