

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)

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Employee Name: \_\_\_\_\_

Employee SSN: \_\_\_\_\_

Department: IN Bureau: 15 Subbureau: \_\_\_\_\_

Amount of Entitlement: \$ \_\_\_\_\_ (not to exceed \$300.00 annually)

FBMS Account Information:

Cost Code Center

WBS(Project Code)

Fund Code

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).