

Indian Affairs
Report of Taxable Fringe Benefit (Fitness Center Reimbursement Fees)

Date: _____

To: **Interior Business Center (IBC)**
Payroll Section 2
Mail Stop D-2663
7201 W. Mansfield Ave
Denver, CO 80235

Email address: pod_pob_wip@ibc.doi.gov

From: Indian Affairs

Subject: Report of Taxable Fringe Benefit (Fitness Membership Fee Reimbursement)

Employee Name: _____

Employee SSN: _____ last 4 digits ONLY)

Department: IN Bureau, Regional/Central Office: _____

Amount of Entitlement: \$ _____ (Up to 50% of annual membership fee;
not to exceed \$275 per year)

FBMS Account Information:

Cost Code WBS (Project Code) Fund Code

Approving Official Signature: _____

Title: _____

Date: _____ Telephone Number: _____