



TAXABLE FRINGE BENEFITS

Submit completed form to Payroll Services

Employee Name: _____

Employee ID: _____

Awards, Prizes and Gifts

Type: Length of Service Safety Gift Certificate / Gift Card

 Other Non-Cash Award (describe): _____

Date Given: _____ **Value:** _____

Reason:

Season Tickets

Event: Football Baseball Basketball Theatre Seven Days of Opening Nights

 Other (describe): _____

Season Dates: _____

Number of Tickets	Value per Season Ticket	Total Value

Approved By: _____

Phone: _____

Department: _____

Date: _____