

Payroll Services 5600A University Center Tallahassee, FL 32306-2391 Ph: (850) 644-3813 Fax: (850) 644-9403 Taxable Fringe Benefits
Submit Completed form to Payroll Services

Date Requested

| Requested By           |             | Date Requested    |  |  |  |
|------------------------|-------------|-------------------|--|--|--|
| Employee Name          | Employee ID | Employee Record # |  |  |  |
| Department Description | Depa        | ortment ID        |  |  |  |

Please complete all available fields for the applicable benefit type below.

| Туре                                     | Date of Event        |   | Purpos                          | se                | Amount or Valu | Gross Up Value<br>Y/N | Funding Source |
|--|----------------------|---|---------------------------------|-------------------|----------------|-----------------------|----------------|
| Award - Length of Service                |                      |   |                                 |                   |                |                       |                |
| Award - Safety                           |                      |   |                                 |                   |                |                       |                |
| Award - Other                            |                      |   |                                 |                   |                |                       |                |
| Clothing                                 |                      |   |                                 |                   |                |                       |                |
| Club Membership                          |                      |   |                                 |                   |                |                       |                |
| Gift                                     |                      |   |                                 |                   |                |                       |                |
| Gift Cards                               |                      |   |                                 |                   |                |                       |                |
| Housing - Pay Direct to<br>Vendor        |                      |   |                                 |                   |                |                       |                |
| Housing - Provided on<br>campus          |                      |   |                                 |                   |                |                       |                |
| Meals                                    |                      |   |                                 |                   |                |                       |                |
| Prize                                    |                      |   |                                 |                   |                |                       |                |
| Spouse /Companion Travel                 |                      |   |                                 |                   |                |                       |                |
| Tickets - Seasonal                       |                      |   |                                 |                   |                |                       |                |
| Tickets - Per Event                      |                      |   |                                 |                   |                |                       |                |
| Other                                    |                      |   |                                 |                   |                |                       |                |
| Department Head/Budget Manager Signature |                      |   | Foundation Approval (if applica | able)             |                |                       |                |
| Sponsored Research Approv                | val (if applicable)  |   |                                 |                   |                |                       |                |
| Research Foundation Appro                | oval (if applicable) |   |                                 |                   |                |                       |                |
|  |                      | F | OR PAYROLL                      | SERVICES USE ONLY |                |                       |                |
| Pay Cycle Us                             | ed for Processing    |   |                                 | Check #           |                |                       |                |
| Paying 01/27/2022                        |                      |   |                                 |                   |                |                       |                |

Revised 01/27/2022