

## Taxable Fringe Benefits

### Submit Completed form to Payroll Services

Requested By  Date Requested

Employee Name  Employee ID  Employee Record #

Department Description  Department ID

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

Type	Date of Event	Purpose	Amount or Value of Transaction	Gross Up Value Y/N	Funding Source
Award - Length of Service					
Award - Safety					
Award - Other					
Clothing					
Club Membership					
Gift					
Gift Cards					
Housing - Pay Direct to Vendor					
Housing - Provided on campus					
Meals					
Prize					
Spouse /Companion Travel					
Tickets - Seasonal					
Tickets - Per Event					
Other					

Department Head/Budget Manager Signature  Foundation Approval (if applicable)

Sponsored Research Approval (if applicable)

Research Foundation Approval (if applicable)

**FOR PAYROLL SERVICES USE ONLY**

Pay Cycle Used for Processing  Check #