

Memorandum

To: BLM National Business Center  
Accounts Payable Branch, BC-622

From:

Subject: Report of Taxable Fringe Benefit (Fitness/Wellness Subsidy)

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

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

Department: **IN** Bureau: **05** Subbureau (**State/Center**): \_\_\_\_\_

Claiming Period: From: \_\_\_\_\_ To: \_\_\_\_\_

<b><u>Pay Code</u></b>	<b><u>Amount</u></b>	<b><u>Cost Account Number</u></b>
EFB	\$ _____	_____ (Subactivity) (Program Element) (Organization) (BOC)

(Up to 50% of annual membership fee, not to exceed \$275 per year)

Supervisor's Signature : \_\_\_\_\_

Date: \_\_\_\_\_