

Taxable Reimbursement Request
Attachment 3

MEMORANDUM

To: Payroll Operations Division

Attn: _____

From: _____
(Name of Timekeeper)

(Organizational Location)
Department of the Interior, U.S. Geological Survey

Subject: Report of Taxable Income
Fitness/Wellness Subsidy

Employee Name: _____

Social Security Number: _____

Period Covered: _____

Taxable Income to be Reported for Tax Year: _____

<u>Pay Code</u>	<u>Amount</u>	<u>Cost Account Number</u>
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EFB	\$ _____	_____
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Authorized By: _____

Date: _____

Telephone Number: _____

I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. Receipts are attached.

Employee's signature and date

NOTE: Original to Payroll Operations Division. Copy with receipts maintained in originating office.