

Memorandum

To: National Operations Center  
Accounts Payable Branch, OC-622

From:

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

Employee's Name: \_\_\_\_\_

Employee's SSN: \_\_\_\_\_

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

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

**Pay Code Amount Cost Account Number**

EFB \$ \_\_\_\_\_  
(Subactivity) (Program Element) (Organization) (BOC)

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

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

Privacy Act Statement: This information is solicited under authority of 5 U.S.C.7901 and Comptroller General Decisions B218840 and B240371. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for fitness reimbursement. The purpose of this information is to facilitate timely processing of the request, to ensure eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a fitness reimbursement participant or a holder of any other form of fitness reimbursement with the U.S. DOI or any other Federal agency.