

Date: _____

Memorandum

To: National Business Center
Payroll Operations
P.O. Box 272030
Mail Code: **D-2661**
Denver, Colorado 80227

From: Fish and Wildlife Service
Region: _____

Subject: Report of Taxable Benefit (**Firefighter Boot Stipend
Reimbursement**)

Employee Name: _____

Employee SSN: _____

(last 4 digits only)

Department: IN Bureau: 15 Subbureau: _____

Amount of Entitlement: \$ _____ (not to exceed \$100 annual)

Cost Structure Number: _____ - _____ : _____
(Work Breakdown Structure) (Fund) (Cost Center)

Fiscal Officer: _____
(Signature and Title)

Supervisor: _____
(Signature and Title)

Telephone Number: _____

PRIVACY ACT STATEMENT

Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C. 552a(b).