

REPORT OF FRINGE BENEFIT INCOME

Complete and return to:
Personnel Office, Sheridan Hall Room 110

Date: _____

Total Amount: _____

For Period: _____ (pay period dates)

Employee Name: _____

Last 4 Digits of SSN: _____

Employer Expenses Charged to Payroll Account #: _____

Approved: _____

Budget Authority

For Payroll Office Use Only:

Date Processed _____ For Check Dated _____

Approved _____ Date _____