

Name of Employee receiving the benefit : \_\_\_\_\_ M # \_\_\_\_\_

PAID: MN  
BW

Employee's Primary Department: \_\_\_\_\_

I acknowledge that some or all of the payment/reimbursement below may be taxable and included in my income.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

	<b>Amount</b>	<b>Date benefit is given by the Department</b>
Athletic Season Tickets	\$ _____	_____
Awards, Prizes or Gifts (Non Cash)	\$ _____	_____
Clothing	\$ _____	_____
Housing		