Taxable Fringe Benefits: Invoice Uniform Log

Vendor Name: _____   **P-card:** ☐

Invoice #: _____   **Date:** _____   **PO Number:** _____

Item	Employee Name	Quantity Received	Cost Each	Total Cost	Tax Status	Employee's Signature**	Supervisor's Signature
					☐		
					☐		
					☐		
					☐		
					☐		
					☐		
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					☐		
					☐		
					☐		

Invoice Total _____

***Employee's signature acknowledges receipt of item and understanding of the taxable fringe benefits policy.**

Taxable Fringe Benefits: Inventory Uniform Log

Month/Year: _____

Department: _____

Item	Employee Name	Quantity Received	Cost Each	Total Cost	Tax Status	Employee's Signature**	Supervisor's Signature
					■		
					■		
					■		
					■		
					■		
					■		
					■		
					■		
					■		
					■		
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					■		
					■		
					■		
					■		
					■		
					■		

Monthly Total _____

**Employee's signature acknowledges receipt of item and understanding of the taxable fringe benefits policy.*