CLOTHING / NON-CASH ITEMS GIVEN TO EMPLOYEES						
Department:			Contact:			
Data	I ant Name	First Name	EIouro ID	Description of the m(s) we sained	FMV++	Is: an advine t
Date	Last Name	First Name	Employee ID	Description of item(s) received	FMV**	Signature *
					1	
			1			
			1		-	

Email the completed form to Carol.lalonde@wmich.edu in tax and corporate reporting within 30 days of distributing the items.

Aggregate FMV will be taxable to the emlpoyee once the total value of items received exceeds \$100 in a calendar year

<sup>\*</sup> Signature required when FMV exceeds \$50

<sup>\*\*</sup> The price expected to be paid under current market conditions