Taxable Clothing/Accessories/Meals

School/Department : _____

Year _____

Employee #	Name	Description	Job Duty	# of items	Cost per item	Total Cost
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
		Total		**0**	**0.00**	**0.00**

Signature or Authorized Designee

Date

Please attach copies of invoices or backup confirming the price of the clothing/item. If an invoice is not available, please list the current value.

When listing the type of clothing/item, please use one line per employee.

Please forward this report to the Finance Department for processing.

The Excel version of this form can be found on the FCPS website under Finance/Forms/Taxable Clothing/Accessories/Meals