

ANNUAL EMPLOYEE FRINGE BENEFITS LEDGER

Fringe Benefits Expense Tracking

Company/Entity: _____

Fiscal Year: _____

Employee Name: _____

Employee ID: _____

Department: _____

MONTH	FRINGE BENEFIT EXPENSES (EMPLOYER PAID PORTION)							TOTAL MONTHLY BENEFIT
	HEALTH & DENTAL INSURANCE	LIFE & DISABILITY INSURANCE	RETIREMENT CONTRIBUTION	TUITION ASSISTANCE	TRANSPORTATION / PARKING	GYM / WELLNESS	OTHER BENEFITS	
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
TOTALYTD								

Prepared By (HR/Payroll)

Reviewed By

Date Approved

