

Determination of Taxability Form
CLOTHING PURCHASED FOR EMPLOYEE(S)
(December, 2011)

*This questionnaire is necessary to determine whether clothing OTHER than Uniforms, Business Attire, or Protective Clothing is not a taxable fringe benefit to the employee. This form is needed only if the department desires a determination. This form is not needed if the cost of each item is de minimis (\$15 or less). **Submit the completed form to HRS along with an invoice supporting the purchase and the departmental Clothing Policy.***

Dean, Director or Chair Name: _____ Campus Phone: _____

Employee for which item(s) are being purchased: _____ PSU ID #: _____

Item(s) Purchased: _____

(If the purchase is for more than one employee, attach a separate sheet with the name of each employee and the item(s) for each.)

1. Does the item make the employee easily identifiable as a PSU employee who is serving in an official capacity? Yes No
If yes, explain: _____

2. Will the item be worn at work and/or at events specified by the Dean, Director or Chair? Yes No
If yes, which events: _____

3. Will the item have "Pittsburg State University", "PSU", the name of the College, Department or group, and/or the PSU logo printed or monogrammed where it is clearly visible? Yes No

4. Will the item be worn only when serving in an official capacity for the University and not be worn for everyday wear? Yes No

5. Will the item purchased by PSU remain the property of the University? Yes No
If no, explain: _____

Method of payment: Vendor: _____		Amount: _____	
BPC _____	Date of purchase: _____	DPR _____	DPR #: _____
Fund and unit to be used for purchase:			
If item(s) is taxable, must use a Foundation account: _____			
If item is non-taxable, can use a Restricted, Foundation or Local account: _____			
(The Business Office will notify department's which funding is used after HRS has reviewed & classified the purchase.)			

Preparer's Signature: _____ Date: _____ Ext. _____

HRS Section:

Above listed clothing item(s) are: Taxable Non Taxable

Reviewer's Signature: _____ Date: _____

HRS: Send original determination form and supporting documents to the Business Office for vendor payment processing.