

APPLICATION FORM

REIMBURSEMENT FOR GYM FEES

SECTION A – CAF APPLICANT’S INFORMATION

Service Number	Rank	Last Name	First Name
Authority under which claimed MFSI Section 19 – Gymnasium or Health Club Fees		Fiscal Year	Supporting Unit
Home Address		City/Country	Postal Code
Email Address		Telephone Number	

Name of fitness facilities 3 quotes required <i>*the lowest one will be retained – some exception could be considered</i>	Estimated costs (CAD)	Estimated costs (Local currency)	Distance from work or residence (KM)
	\$		
	\$		
	\$		

Please check all boxes that apply to you (read COS VCDS Instruction - Gym Fees for supporting documents if required):

- ☐ I have a military or government fitness facility at my disposal.
- ☐ I do not have a military or government fitness facility at my disposal.
- ☐ I would like funding for fitness equipment for home use OR for the government fitness facility.
- ☐ **Other (please explain):**

Please indicate how many CAF personnel are at your location:

I have access to a FORCE Evaluation Kit (sandbags, straps, carabineers) and a location (basement, public park) to train using the kit. If no explain why:

☐ Yes ☐ No

Please confirm that climate, personal security or customs are such that outdoor training is unreasonable (details required and certified as per COS VCDS Instruction - Gym Fees attached):

Other extenuating circumstances why fitness cannot be maintained without access to fitness facility:

Submit your application form, facility information (website) and the 3 quotes screenshots to MFSS_CLAIMS-DRMIS@forces.gc.ca for approval.

NOTE: You may choose to purchase your fitness facility in advance of applying or receiving approval for reimbursement; however if your application is not approved, you will not be eligible to seek reimbursement for your expenditure.

Applicant Signature

SECTION B – FINANCE VERIFICATION FOR APPROVAL AUTHORITY

I have verified the information provided by the member and recommend authorization/denial for the following reasons:

- ☐ Gym fitness center request is recommended for approval in the amount of \$
- ☐ Member has met criteria of the CBI 10.19
- ☐ Fitness Centre is available at _____ but the equipment requires repairs and is unsafe to use, or distance makes this choice unreasonable.
- ☐ Denied for the following reason(s):

MFSS OUTCAN Coord Fin Svcs Admin Signature

SECTION C – APPROVING AUTHORITY

- ☐ Reimbursement of Gym Fees is approved under CBI 10.19
- ☐ Fitness Centre expense \$
- OR
- ☐ Request denied.

MFSS OUTCAN Coord CO or delegate Signature

FINANCIAL CODING

Fund: C103	GL: 1210	FC: 2202ZZ	CC: 2202ZH	IO: 11754969	CO: C2202ZZ049 LN 5
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