



GYM MEMBERSHIP REIMBURSEMENT FY24/25 –Form

PART 1 - Claimant Certification (to be completed by member)

SN:	NAME:	RANK:
UNIT:	DATE OF PURCHASE:	

Certified that I have purchased a gym membership IAW Base Commander Directive for a total cost of _____

Entitlement up to individual membership, including tax and admin fees for FY24/25.

Gym Reimbursement for the following approved facility, circle/highlight facility:

Anytime Fitness - Yellowknife
Breakaway Fitness
The Yellowknife Racquet Club

(Signature of Member)

(Print Name)

Rank)

PART 2 – PSP CERTIFICATION

(To be completed by PSP Manager after procurement as part of the claims process)

Initial Issue for Current FY24/25: YES NO (circle one)

Entitlement has been verified and no previous claims for reimbursement have been submitted for this FY.

PSP Manager Certification _____, _____, _____

(Signature)

(Print Name)

(Date)

Process for Gym Reimbursement Claim Finalization

1. Member completes Part 1 of Entitlement and sends this form and receipts to PSP Office for PSP certification. This can be done in person or scanned and emailed to Schauerte.tina2@cfmws.com.
2. Receipt **must** be attached. Receipts & any supporting documentation (including this form) **must** be dated within the same FY as the claim being submitted.
3. PSP will verify reimbursement and sign form. PSP will then send information to JTFN Fin Cell office.
4. JTFN Fin Cell Office will email member on signature of CF52 Claim.