

PARA

Professional Association of
Resident Physicians of Alberta



TAXI REIMBURSEMENT

Name:	<input type="text"/>	Email:	<input type="text"/>
Street Address:	<input type="text"/>	Home Program:	<input type="text"/>
City:	<input type="text"/>		
Province:	<input type="text"/>		
Postal Code:	<input type="text"/>		

Date:	Service Program:	Site:	Amount: Original receipts required

Signature	Total Amount Owing to Resident:	\$0.00
-----------	--	--------

Payments will be made on the quarter and shall not exceed \$200/Quarter/Resident. Submissions that are received after the cut off date will be processed for the following quarter. In the event that the quarterly budget is exceeded resident payments will be pro-rated.

Submissions received on or before December 31st 2010: Cheques distributed January 15th 2011.
Submissions received on or before March 31st 2011: Cheques distributed April 15th 2011.

Please attach receipts for all listed expenses, sign the form and mail to:
Professional Association of Residents of Alberta (PARA)
#340, 11044 – 82 Avenue
Edmonton, AB T6G 0T2

For Office Use Only	
Total:	<input type="text"/>
Cheque #:	<input type="text"/>
Date & Initial:	<input type="text"/>

Funding for this project was provided by the Council of Academic Health Centres of Alberta (CAHCA)