



PARA
Professional Association of
Resident Physicians of Alberta

TAXI REIMBURSEMENT FORM

***NOTE: You will not be reimbursed for a ride to the hospital prior to the call; your first ride must be post-call. You will be reimbursed for a ride home post-call, as well as the ride back to the hospital/training facility to retrieve your vehicle. Please refer to the [Taxi Guidelines](#) document if you have any questions regarding eligibility.**

Name:		Province:	
Street Address:		Postal Code:	
		Home Program	
City:		Email*:	

**For direct deposit by e-transfer, please provide associated email*

Date	Service Program	Type of Call (in-house or switched call where you are required on-site after midnight)	Site	Amount (original receipts required)

Signature: _____

Total Amount Owed: _____

Payments will be made on the quarter and shall not exceed \$200/quarter/resident physician. Submissions that are received after the cut-off date will be processed the following quarter.

Quarter one deadline: on or before September 30

Quarter two deadline: on or before December 31

Quarter three deadline: on or before March 31

Quarter four deadline: on or before June 30

Note: reimbursements may take a few weeks to process after the deadline cutoff

Please attach receipts for all listed expenses and the supporting call schedules, sign the form and email to ravneet.saran@para-ab.ca