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 call. Your fist ride must be post-call. I.e. you will be reimbursed for a ride home post-call, as well as the ride back to the hospital to retrieve your vehicle.**

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|---|---|---|---|
| Name: | | Province: | |
| Street address: | | Postal Code: | |
| | | Email: | |
| City: | | Home program: | |

| Date: | Service Program: | Site: | Amount: (original receipts required) |
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**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.

Submissions received on or before September 30: cheques are distributed October 15.
Submissions received on or before December 31: cheques are distributed January 15.
Submissions received on or before March 31: cheques are distributed April 15.
Submissions received on or before June 30: cheques are distributed July 15.

Please attach receipts for all listed expenses and the supporting call schedules, sign the form and either email to para@para-ab.ca or mail to:
PARA
#320, 11044 – 82 Avenue
Edmonton, AB T6G 0T2