



## TAXI/RIDESHARE REIMBURSEMENT FORM

*Please use this form for current-quarter submissions. Forms submitted after the deadline, or from previous quarters or years, will not be accepted.*

**\*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.

<b>Name:</b>		<b>Province:</b>	
<b>Street Address:</b>		<b>Postal Code:</b>	
		<b>Home Program</b>	
<b>City:</b>		<b>Email*:</b>	

*\*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 after each quarter via e-transfer and shall not exceed \$200/quarter/resident physician. Please submit your form and supporting documents before the deadlines below.

Quarter	Period	Submission Deadline
Q1	July – September	October 15
Q2	October – December	January 15
Q3	January – March	April 15
Q4	April – June	July 15

*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](mailto:ravneet.saran@para-ab.ca)