

# TAXI REIMBURSEMENTS



## IMPORTANT

Please follow the guidelines carefully. Not following the guidelines, illegibility, missing documents or incorrect information could delay processing and reimbursement. If we need to contact you for clarity or more information, your reimbursement will be delayed.

## GUIDELINES

### FORM

Find the [Taxi Reimbursement form](#) online on the PARA website. Fill out form as seen here (**type or printing please, no handwriting**).

### PERSONAL INFORMATION

- 1. Full name:** include legal name as well as your common or used names
- 2. Mailing address:** reimbursements are done via mailed cheque so please include apartment/condo unit number and double check address for accuracy
- 3. Email address:** double check for accuracy so we can contact you if needed
- 4. Home program:** please put program name and University

### TAXI/UBER INFORMATION

- 1. Date:** please put the date of the taxi/Uber ride only (*not the date of your call*) and list in sequential order by date (*example: Jan 2, Feb 6, Feb 10 etc.*)
- 2. Service Program:** program you were on when you took the taxi/Uber
- 3. Site:** where you were working
- 4. Amount:** amount of the taxi/Uber ride
- 5. Total amount:** provide **TOTAL AMOUNT** of the rides and **SIGN**.



#### TAXI REIMBURSEMENT FORM

\*Note: you will not be reimbursed for a ride to the hospital prior to call. Your first 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.

Name:	Jane Doe	Province:	Alberta
Street address:	123 Hill Street	Postal Code:	X0X 0X0
City:	Edmonton	Email:	jandoe@ualberta.ca
		Home program:	University, Program

Date:	Service Program:	Site:	Amount: (original receipts required)
Jan 2, 2022	Program at time of ride	Site	\$25.00
Feb 6, 2022	Program at time of ride	Site	\$14.00
Feb 10, 2022	Program at time of ride	Site	\$16.00

Signature: Jane Doe Total Amount Owed: \$55.00

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](mailto:para@para-ab.ca) or mail to:  
PARA  
#320, 11044 - 82 Avenue  
Edmonton, AB T6G 0T2



## SUPPORTING DOCUMENTS

1. **Call Schedules:** provide corresponding call schedules (please submit only the relevant sections in a standard format such as an Excel, screenshot, or PDF)
  - a. Please ensure the call schedule clearly shows your name, month, date and times
2. **Receipts:** please submit receipts as PDF or screenshots only (no photos, word documents or forwarded emails)
  - a. Please ensure that the receipt clearly shows the date and the amount paid (do not submit bank statements or emails of bank statements)
  - b. If there are multiple receipts, please combine them into one document (ideally a PDF)

Please try your best to submit the reimbursement form and supporting documents in a standard format such as a Word document or PDF.

## DEADLINES:

Please submit reimbursement forms, receipts and call schedules for each quarter by the deadlines below:

Quarter	Period	Submission Deadline
Q1	July – September	September 30
Q2	October – December	December 31
Q3	January – March	March 31
Q4	April – June	June 30

If you have missed the deadline, please submit as soon as possible (do not wait for the end of the next quarter), but note that the reimbursement will take place at the end of the next quarter.

**Please DO NOT submit Reimbursement Forms with rides from more than one quarter. Please use a separate form for each quarter.**



# TAXI REIMBURSEMENTS

## FAQ

### **What is the purpose of this program?**

The purpose of this program is to provide a ride home from the hospital if you are too fatigued to safely drive home, and then to pick up your vehicle at a later time. The program is to be used for traditional 24 hour in-house calls or switched calls where are required at the hospital past midnight.

### **Will my taxi to work be covered?**

NO, the ride must be post-call. The program is intended to provide a way home if you are too fatigued to drive safely. As such, you are required to self-assess for fatigue after the call shift ends. The program is not intended as a mode of transportation to a shift.

### **Will my taxi be covered if I am working 8 hours/day time call?**

NO. The program should only be used after a traditional in-house call shift (i.e. 24 hours) or switched call where you are working in the hospital past midnight.

### **Why can I only get \$200 per quarter?**

There is a limited amount of funds for this program so PARA has capped the maximum reimbursement at \$200 per quarter to allow as many resident physicians as possible to take advantage of this program.

### **How do I get paid?**

You will be reimbursed by cheque sent via mail. For this reason it is important that your correct mailing address is on the submission forms and is legable. Please double check your address before sending. **Incorrect, illegible and missing documents will delay your reimbursement.**

### **Can I use this program out of the province?**

NO. The funding for the program is provided by AHS and can only be utilized in Alberta.

### **Can I use this program when doing extender shifts?**

NO. Extender shifts are not part of your training as a resident physician so this program cannot be utilized to cover extender shifts.

