



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:	
		Email:	
City:		Home Program:	

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.

- Submissions received on or before September 30: cheques will be processed by the end of October.
- Submissions received on or before December 31: cheques will be processed by the end of January.
- Submissions received on or before March 31: cheques will be processed by the end of April.
- Submissions received on or before June 30: cheques will be processed by the end of July.

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