



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 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:		Province:	
Street address:		Postal Code:	
		Email:	
City:		Home program:	

Date:	Service Program:	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 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