

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 <u>Taxi Guidelines</u> document if you have any questions regarding eligibility.

Name:	Province:	
Street	Postal Code:	
Address:	Home Program	
City:	Email*:	

*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 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: payment will be processed by the end of October. Submissions received on or before December 31: payment will be processed by the end of January. Submissions received on or before March 31: paymentwill be processed by the end of April. Submissions received on or before June 30: payment 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