



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.

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

**For direct deposit by e-transfer, please provide associated email. You must accept funds within 30 days or the e-transfer will be canceled.*

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 para@para-ab.ca