PROFESSIONAL ASSOCIATION OF
RESIDENT PHYSICIANS OF ALBERTA

**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) |
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**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