

Ontario Energy Board
COST CLAIM FOR HEARINGS



Affidavit and Summary of Fees and Disbursements

This form should be used by a party to a hearing before the Board to identify the fees and disbursements that form the party's cost claim. Paper and electronic copies of this form and itemized receipts must be filed with the Board and served on one or more other parties as directed by the Board in the applicable Board order. Please ensure all required (yellow-shaded) fields are filled in and the Affidavit portion is signed and sworn or affirmed.

Instructions

- Required data input is indicated by yellow-shaded fields. Formulas are embedded in the form to assist with calculations.
- All claims must be in Canadian dollars. If applicable, state exchange rate and country of initial currency.
Rate: _____ Country: _____
- A separate "Detail of Fees and Disbursements Being Claimed" (comprising a "Statement of Fees Being Claimed" and a "Statement of Disbursements Being Claimed") is required for each lawyer, analyst/consultant and articling student/paralegal. However, only one "Summary of Fees and Disbursements" covering the whole of the party's cost claim should be provided.
- The cost claim must be supported by a completed Affidavit signed by a representative of the party.
- A CV for each consultant/analyst must be attached unless provided to the Board as prescribed on the Cost Award Tariff.


Except as provided in section 7.03 of the Practice Direction on Cost Awards, itemized receipts must be provided.

File # EB- <u>2014-0073</u>	Process: <u>Festival Hydro 2015 COS Rates Proceeding</u>
Party: <u>Energy Probe Research Foundation</u>	Affiant's Name: <u>Elizabeth Brubaker</u>
HST Number: <u>10730 5146 RT0001</u>	HST Rate Ontario: <u>6.50%</u>
Full Registrant <input type="checkbox"/> Unregistered <input type="checkbox"/> Other <input type="checkbox"/>	Qualifying Non-Profit <input checked="" type="checkbox"/> Tax Exempt <input type="checkbox"/>

Affidavit

I, Elizabeth Brubaker, of the City/Town of Toronto
in the Province/State of Ontario, Canada, ~~swear~~ or affirm that:

1. I am a representative of the above-noted party (the "Party") and as such have knowledge of the matters attested to herein.
2. I have examined all of the documentation in support of this cost claim, including the attached "Summary of Fees and Disbursements Being Claimed", "Statement(s) of Fees Being Claimed" and "Statement(s) of Disbursements Being Claimed".
3. The attached "Summary of Fees and Disbursements Being Claimed", "Statement(s) of Fees Being Claimed" and "Statement(s) of Disbursements Being Claimed" include only costs incurred and time spent directly for the purposes of the Party's participation in the Ontario Energy Board process referred to above.
4. This cost claim does not include any costs for work done, or time spent, by a person that is an employee or officer of the Party as described in sections 6.05 and 6.09 of the Board's Practice Direction on Cost Awards.


Signature of Affiant

Sworn or affirmed before me at the City/Town of Toronto,
in the Province/State of ONTARIO, on 10/6/15,
(date)


Commissioner for taking Affidavits
RICHARD C. OWENS

**Ontario Energy Board
COST CLAIM FOR HEARINGS**



Affidavit and Summary of Fees and Disbursements

File # EB- 2014-0073 Process: Festival Hydro 2015 COS Rates Proceeding

Party: Energy Probe Research Foundation

Summary of Fees and Disbursements Being Claimed

Legal/consultant/other fees	\$	30,082.50
Disbursements	\$	1,283.80
HST	\$	2,018.18
Total Cost Claim	\$	33,384.48

Payment Information

Make cheque payable to: Energy Probe Research Foundation

Send payment to this address: 225 Brunswick Avenue

Toronto, Canada M5S 2M6

Attention: David MacIntosh



TORONTO DON VALLEY HOTEL & SUITES
44 - BRANFORD

Mr Randall Aiken
578 Mcnaughton Ave West
Chatham ON N7L 4J6
Canada

A/R Number
Group Code
Invoice No.
Reference #

Room No. **305** Page No. 1 of 1
Arrival 11-12-14 Cashier No. 114
Departure 11-14-14 User ID SW

Date	Description	Charges	Credits
11-12-14	*Accommodation	125.00	
11-12-14	Facilities Fee	3.75	
11-12-14	Room HST 13%	16.25	
11-13-14	In Room Dining-Food Room# 305 : CHECK# 798957	37.21	
11-13-14	*Accommodation	125.00	
11-13-14	Facilities Fee	3.75	
11-13-14	Room HST 13%	16.25	
Total		327.21	0.00
Balance		327.21	

EB-2014-0073
FESTIVAL
EB-2014-0271
UNION

		Facilities Fee			Room HST 13				
0.00	0.00	7.50	0.00	0.00	32.50	0.00	0.00	0.00	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

TORONTO DON VALLEY HOTEL & SUITES
175 Wynford Drive
Toronto, Ontario M3C 1J3
Telephone: (416) 449-4111 Fax: (416) 449-4946
HST#870011962 www.torontodonvalleyhotel.com

Rb

IN ROOM DINING
175 WYNFORD DRIVE
TORONTO, ONTARIO

M3C 1J3

GST # R - 870011962

SRV 123 TABLE 1653/1 TIME 18:31
ROOM SERVE

1 DON BURGER 20.00
1 DIET COKE 2.95
1 DELIVERY CHARGE 3.00
HST 3.82
GRAVITY 15% 3.44

NET SALES 25.95 GRAND TOTAL 33.21

ROOM NO. *653* TIPS *4.00*

TOTAL *37.21*

PRINT NAME.....

SIGNATURES.....

*** GRATUITY INCLUDED IN BILL ***
9/29/14 GUEST 1 NUMBER 794787

metro

Store #100752 (416)483-7340
E&OE HST# R105216170

DELT
F2G BEVERAGE RF 1.00
F2G0 CHXSLD SNOW RF 4.00
SUBTOTAL 5.00
5.00 RED (5.000)% 0.25
5.00 PFT (8.000)% 0.40
TOTAL 5.65

CASH 10.00
CHANGE DUE 4.35
Total number of items sold = 2

RETAIN RECEIPT FOR PRODUCT RETURN
WITHIN 14 DAYS. SEE STORE FOR DETAILS.

WIN \$1000 in Metro Gift Cards
Visit: metrosurvey.ca

CUSTOMER CARE NUMBER 1-877-763-7374
*** metro.ca ***

Paul Pantarini, Store Manager
11/13/2014 01:12 PM
Cashier 340 100752 53 5415

RECEIPT

CAR PARK: Yonge & Eglinton Ctr
DEVICE: Paystation 2
PAID: 11/09/14 02:18P
SHORT TERM 217979
ENTRY: 11/09/14 07:03A
EXIT: 11/09/14 02:18P
PARKING DURATION: 000 07:15
CHARGED DURATION: 000 02:40
PAID: CAD20.00
TAX FREE CAD17.70
V.A.T. 13% CAD2.30
CASH PAYMENTS: CAD20.00

RECEIPT

CAR PARK: Yonge & Eglinton Ctr
DEVICE: Paystation 3
PAID: 29/09/14 06:44P
SHORT TERM 222709
ENTRY: 29/09/14 07:05A
EXIT: 29/09/14 07:00P
PARKING DURATION: 000 11:38
CHARGED DURATION: 000 03:40
PAID: CAD28.55
TAX FREE CAD25.27
V.A.T. 13% CAD3.28
CASH PAYMENTS: CAD29.00
GIVEN CAD0.45

metro

** STORE #752 (416) 483-7340 **
** E&OE ** ** HST # R105216170 **

9/29/14 12:45 PM 0752 53 0080 300

F2 SANDW.COMBO 4.49 RF
R-HST 5% .22
F-PREP FOOD TX 8% .36
TAX .58 BAL 5.07
ROUNDING 0.02-
ROUNDED TOTAL 5.05
Cash 5.25
CHANGE .20

TOTAL NUMBER OF ITEMS SOLD = 1

WIN \$1,000 IN GROCERY GIFT CARDS
Visit: metrosurvey.ca

RETAIN RECEIPT FOR PRODUCT RETURN
WITHIN 14 DAYS. SEE STORE FOR DETAILS.

*CUSTOMER CARE NUMBER 1-877-763-7374 *
**** metro.ca ****
9/29/14 12:45 0752 53 0080 300

RECEIPT

CAR PARK: Yonge & Eglinton Ctr
DEVICE: Paystation 3
PAID: 13/11/14 03:30P
SHORT TERM 010374
ENTRY: 13/11/14 07:09A
EXIT: 13/11/14 03:29P
PARKING DURATION: 000 03:20
CHARGED DURATION: 000 02:40
PAID: CAD20.00
TAX FREE CAD17.70
V.A.T. 13% CAD2.30
CASH PAYMENTS: CAD20.00