

**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.**

<b>File # EB-</b> <u>2014-0101</u>	<b>Process:</b> <u>Oshawa PUC 2016 CIR Rates</u>
<b>Party:</b> <u>Energy Probe Research Foundation</u>	<b>Affiant's Name:</b> <u>Elizabeth Brubaker</u>
<b>HST Number:</b> <u>10730 5146 RT0001</u>	<b>HST Rate Ontario:</b> <u>6.50%</u>
Full Registrant <input type="checkbox"/>	Qualifying Non-Profit <input checked="" type="checkbox"/>
Unregistered <input type="checkbox"/>	Tax Exempt <input type="checkbox"/>
Other <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** 12/01/16.  
(date)

\_\_\_\_\_  
**Commissioner for taking Affidavits**

**Ontario Energy Board**  
**COST CLAIM FOR HEARINGS**



**Affidavit and Summary of Fees and Disbursements**

File # EB- 2014-0101 Process: Oshawa PUC 2016 CIR Rates

Party: Energy Probe Research Foundation

**Summary of Fees and Disbursements Being Claimed**

Legal/consultant/other fees	\$	57,836.00
Disbursements	\$	2,471.07
HST	\$	3,919.96
<b>Total Cost Claim</b>	<b>\$</b>	<b>64,227.03</b>

**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  
\_\_\_\_\_



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

A/R Number  
 Group Code  
 Invoice No.  
 Reference #

Room No.                   **656**                   Page No.                   2 of 2  
 Arrival                    06-01-15                  Cashier No.               114  
 Departure                06-04-15                  User ID                   SW

Date	Description	Charges	Credits
<b>Total</b>		<b>519.64</b>	<b>0.00</b>
<b>Balance</b>		<b>519.64</b>	

		Facilities Fee			Room HST 13		Other HST 13		
0.00	0.00	10.71	0.00	0.00	46.41	0.00	4.65	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.

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