

**Ontario Energy Board
COST CLAIM FOR CONSULTATIONS**



Affidavit and Summary of Fees and Disbursements

This form should be used by a party (defined in the Practice Direction on Cost Awards as including a participant in a consultation process) in a consultation 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 Notice of Hearing for Cost Awards. Please ensure all required 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 present in the document to assist with the calculation of the cost claim.
- All claims must be in Canadian dollars. If applicable, state exchange rate and country of initial currency.
Rate: _____ Country: _____
- A separate "Statement of Disbursements Being Claimed" is required for each consultant or lawyer/articling student/paralegal. However only one "Statement of Fees Being Claimed" and one "Summary of Fees and Disbursements Being Claimed" 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 must be attached unless, for a given consultant, a CV has been provided to the Board in another process within the last 24 months.
- **Except as provided in section 7.03 of the Practice Direction on Cost Awards, itemized receipts must be provided.**

File # <u>EB-2017-0183</u>	Process: <u>Customer Service Rules Review</u>
Party: <u>Francesca Dobbyn</u>	Affiant's Name: <u>Francesca Dobbyn</u>
HST Number: _____	HST Rate Ontario: <u>0.00%</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, Francesca Dobbyn, of the City/Town of Owen Sound
in the Province/State of Ontario, 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 of Fees Being Claimed" and "Statement(s) of Disbursements Being Claimed".
3. The attached "Summary of Fees and Disbursements Being Claimed", "Statement 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 Owen Sound
in the Province/State of Ontario, on 11 April 18
(date)

Commissioner for taking Affidavits

Ontario Energy Board
COST CLAIM FOR CONSULTATIONS
Affidavit and Summary of Fees and Disbursements



File # EB- EB-2017-0183 Process: Customer Service Rules Review

Party: Francesca Dobbyn

Summary of Fees and Disbursements Being Claimed

Legal/consultant fees	\$0.00
Disbursements	\$374.34
HST	\$0.00
Total Cost Claim	\$374.34

Payment Information

Make cheque payable to: United Way of Bruce Grey

Send payment to this address: 380 9th Street East
Owen Sound ON
N4K 1P1

Detail of Fees and Disbursements Being Claimed

Statement of Fees Being Claimed

Statement of Fees being claimed for Eligible Activity is found on the second tab of this workbook.

Statement(s) of Disbursements Being Claimed

Statement of Disbursements being claimed is found on the third tab of this workbook.

Ontario Energy Board

COST CLAIM FOR CONSULTATIONS

Affidavit and Summary of Fees and Disbursements



Individual Whose Costs are Being Claimed

Name: _____

Counsel/Articling Student/Paralegal:	<input type="checkbox"/>	Year Called to Bar	<input type="text"/>	Completed Years Practicing/Years of Relevant Experience	_____
Analyst/Consultant:	<input type="checkbox"/>				_____
CV attached:	<input type="checkbox"/>	CV not required:	<input type="checkbox"/>		

Name: _____

Counsel/Articling Student/Paralegal:	<input type="checkbox"/>	Year Called to Bar	<input type="text"/>	Completed Years Practicing/Years of relevant experience	_____
Analyst/Consultant:	<input type="checkbox"/>				_____
CV attached:	<input type="checkbox"/>	CV not required:	<input type="checkbox"/>		

Name: _____

Counsel/Articling Student/Paralegal:	<input type="checkbox"/>	Year Called to Bar	<input type="text"/>	Completed Years Practicing/Years of relevant experience	_____
Analyst/Consultant:	<input type="checkbox"/>				_____
CV attached:	<input type="checkbox"/>	CV not required:	<input type="checkbox"/>		

Name: _____

Counsel/Articling Student/Paralegal:	<input type="checkbox"/>	Year Called to Bar	<input type="text"/>	Completed Years Practicing/Years of relevant experience	_____
Analyst/Consultant:	<input type="checkbox"/>				_____
CV attached:	<input type="checkbox"/>	CV not required:	<input type="checkbox"/>		

Name: _____

Counsel/Articling Student/Paralegal:	<input type="checkbox"/>	Year Called to Bar	<input type="text"/>	Completed Years Practicing/Years of relevant experience	_____
Analyst/Consultant:	<input type="checkbox"/>				_____
CV attached:	<input type="checkbox"/>	CV not required:	<input type="checkbox"/>		



**Ontario Energy Board
COST CLAIM FOR CONSULTATIONS
Statement of Fees Being Claimed**

File # EB- EB-2017-0183

Process Customer Service Rules Review

Party Francesca Dobbyn

HST Rate: 0%

Stakeholder Meeting (March 2018)
Preparation for, attendance at and reporting on the stakeholder meeting

Eligible Participant

Individual Whose Fees are Being Claimed	Hourly rate	Up to 8 hours	Subtotal	HST	Total
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00

Totals: **\$0.00** **\$0.00** **\$0.00**
 Total legal/consultant fees: **\$0.00**

Ontario Energy Board
COST CLAIM FOR CONSULTATIONS
Statement of Disbursements Being Claimed



File # EB-	EB-2017-0183	Process: <u>Customer Service Rules Review</u>
Party:	<u>Francesca Dobbyn</u>	

Name of individual whose disbursements are being claimed: Francesca Dobbyn

HST Rate Ontario: 0.00%

	Net Cost	HST	Total
Scanning/Photocopy		\$0.00	\$0.00
Printing		\$0.00	\$0.00
Courier		\$0.00	\$0.00
Telephone/Fax		\$0.00	\$0.00
Transcripts		\$0.00	\$0.00
Travel: Air		\$0.00	\$0.00
Travel: Car	\$154.00	\$0.00	\$154.00
Travel: Rail		\$0.00	\$0.00
Travel (Other):		\$0.00	\$0.00
Parking	\$20.34	\$0.00	\$20.34
Taxi		\$0.00	\$0.00
Accommodation	\$200.00	\$0.00	\$200.00
Meals		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
TOTAL DISBURSEMENTS:	\$374.34	\$0.00	\$374.34



United Way

United Way of Bruce Grey

380 9th St. E.
Owen Sound, ON N4K 1P1
519 376 1560 fax 519 376 5458

INVOICE

Customer

Name OEB - Ontario Energy Board EB-2017-0183
Address _____
City _____ Prov. _____ P.C. _____
Phone _____

Date April 3 2018
Order No. _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
385	Travel - Owen Sound - 808 Mount Pleasant Road Toronto	\$0.40	\$154.00
1	Accommodation - Best Western Roehampton 203.39	\$200.00	\$200.00
1	Parking - Best Western Roehampton 20.34	\$20.34	\$20.34
SubTotal			\$374.34
Shipping & Handling			
Taxes			
TOTAL			\$374.34

Payment Details

- Cash
- Check
- Credit Card

Name _____
CC # _____ Expires _____

Office Use Only

Thank you

OEB
meeting



Roehampton Hotel & Suites

808 Mount Pleasant Road
Toronto, Ontario
M4P 2L2
Hotel Direct: 416 487-5101 Fax: 416 487-5390
Toll free Reservations: 1 800-WESTERN
Website: www.bestwestern.com

FRANCESCA DOBBYN
380 9TH ST E
OWEN SOUND ON N4K 1P1

Bill 2018003740
Date 03/20/2018 02:45:06
Room 410 King bed non-smoking
Arrival 03/19/2018
Departure 03/20/2018

BEST WESTERN Roehampton Hotel & Suites, Toronto

Date	Description	Supplement	Qty	Price	Amount	Taxes	Total
03/19/2018	AAA/CAA		1	179.99	179.99	23.40	203.39
03/19/2018	Parking		1	18.00	18.00	2.34	20.34
					Sub-total		197.99
						HST	25.74
						Total	223.73
						Paid	0.00
						Balance	223.73

POSTED

HST # 808900260RT

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any or part of the full amount of these charges and I shall be responsible for any loss or damage to the premises or its contents. The hotel is not responsible for valuables.

Je m'engage personnellement a défrayer les frais encourus soit en partie ou en entier à défaut de paiement complet par la compagnie, l'association ou son représentant désigné et serai responsable des pertes ou dommages aux locaux ou a leur contenu. L'hôtel n'est pas responsable pour les objets de valeur.

Signature: _____