COURT OF APPEAL OF ALBERTA

 Form 44
 [Rule 10.35(1)]

|  |  |
| --- | --- |
| COURT OF APPEAL FILE NUMBER: |      Registrar’s Stamp |
| TRIAL COURT FILE NUMBER: |       |
| REGISTRY OFFICE: |       |
| PLAINTIFF/APPLICANT: |       |
| STATUS ON APPEAL: |       |
| DEFENDANT/RESPONDENT: |       |
| STATUS ON APPEAL: |       |
| DOCUMENT: | **BILL OF COSTS** |

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE ANDCONTACT INFORMATION OFPARTY FILING THIS DOCUMENT: |       |

BILL OF COSTS OF Name and Status on Appeal

**Fees claimed:**

|  |  |  |
| --- | --- | --- |
| **ITEM NO.** | **ITEM** | **AMOUNT** |
|       |        | $       |
|       |       | $      |
|       |       | $      |

**Disbursements:**

|  |  |
| --- | --- |
| **DESCRIPTION** | **AMOUNT** |
|       | $      |
|       | $      |
|       | $      |

**Other Charges:**

|  |  |
| --- | --- |
| **DESCRIPTION** | **AMOUNT** |
|       | $      |
|       | $      |
|       | $      |

**GST:**

 (a) Amount claimed on fees: $

 (b) Amount claimed on disbursements: $

 (c) Amount claimed on other charges: $

**TOTAL GST:** $

By making the above claim for an additional amount on account of goods and services tax, the party entitled to the costs award warrants that it is not entitled under the *Excise Tax Act* (Canada) to a refund or rebate of any goods and services tax paid.

**Total amount claimed:**

Fees: $

Disbursements: $

Other Charges: $

GST: $

**TOTAL:** $

**Amount allowed by assessment officer:**

Fees: $

Disbursements: $

Other Charges: $

GST: $

**TOTAL:** $

**Person responsible for preparation of this Bill of Costs:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Print Name

**CERTIFICATE OF ASSESSMENT OFFICER:**

I, Name, certify the following amount(s) that is (are) to be paid

 By Appellant: $

 By Respondent: $

to Name of party or parties to receive the costs awarded.

I also certify the following special circumstance(s) and the amount to be paid by each party with respect to the special circumstance(s):

Dated:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name of Assessment Officer