

Summary of Disbursements Claimed Form E4



Date _____

Disbursements Claimed (exclusive of GST)	Name of Claimant	Name of Claimant	Name of Claimant	Name of Claimant	Total Disbursements
Airfare					
Accommodation (maximum \$140/day + provincial hotel tax)					
Meals (maximum \$40/day)					
Mileage (\$.505/km)					
Taxi					
Parking					
Car rental					
Transcripts					
Postage					
Courier/delivery					
Telephone/long distance					
Fax (\$1.00/page)					
Internal photocopying (\$.10/copy)					
External printing					
Miscellaneous (please attach details)					
Miscellaneous (please attach details)					
Miscellaneous (please attach details)					
Miscellaneous (please attach details)					
TOTAL DISBURSEMENTS					
Total GST on Disbursements					

Claimant _____

Applicant(s) _____

Hearing _____

Application(s) No. _____

(continued)



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TOTAL DISBURSEMENTS					
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Claimant _____

Applicant(s) _____

Hearing _____

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