

**Summary of Total Costs Claimed  
Form E1**



Date \_\_\_\_\_

Participant/Lawyer/Expert	Total Fees/Honoraria Claimed	Total Disbursements and Expenses Claimed	Total GST Claimed	Total Claimed
<b>TOTAL</b>				

Claimant \_\_\_\_\_  
 Agent/Representative \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Applicant(s) \_\_\_\_\_  
 Application(s) No. \_\_\_\_\_  
 Hearing \_\_\_\_\_