Form 44
 [Rule 10.35(1)]

|  |  |
| --- | --- |
| COURT FILE NUMBER |      Clerk’s Stamp |
| COURT | COURT OF KING’S BENCH OF ALBERTA |
| JUDICIAL CENTRE |       |
| PLAINTIFF(S) |       |
| DEFENDANT(S) |       |
| DOCUMENT | **BILL OF COSTS** |

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

**BILL OF COSTS OF** **[NAME AND STATUS]**

**Fees claimed:**

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

**Taxable Disbursements (subject to GST):**

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

**Non-taxable Disbursements (not subject to GST):**

|  |  |
| --- | --- |
| **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: $

Taxable Disbursements: $

Non-taxable Disbursements: $

Other Charges: $

GST: $

**TOTAL:** $

**Amount allowed by assessment officer:**

Fees: $

Taxable Disbursements: $

Non-taxable Disbursements: $

Other Charges: $

GST: $

**TOTAL:** $

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

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

Signature

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

Print Name

**CERTIFICATE OF ASSESSMENT OFFICER:**

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

 By Plaintiff: $

 By Defendant: $

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 of Assessment Officer: