# Form 44 [Rule 10.35(1)]

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| --- | --- |
| 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 AND  CONTACT INFORMATION OF  PARTY 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: