

**Summary of Total Costs Claimed**  
**Form U1** Page 1 of 1

Date _____	Total Fees	Total Disbursements	GST	Total Fees, Disbursements, & GST
			Total GST on Fees & Disbursements	
Firm/Company Name				
Firm/Company Name				
Firm/Company Name				
Firm/Company Name				
Firm/Company Name				
Firm/Company Name				
Firm/Company Name				
Firm/Company Name				
Firm/Company Name				
Firm/Company Name				
<b>TOTAL COSTS CLAIMED</b>				

Claimant \_\_\_\_\_

Agent/Representative \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Applicant(s) \_\_\_\_\_

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

Hearing \_\_\_\_\_