## **SCHEDULE B - SUMMARY OF EXPERT WITNESS FEES**

| Proceeding No: |  |
|----------------|--|
| Applicant:     |  |
| Claimant:      |  |

| SI                      | ERVICE             |          | TIME CLAIMED     | <b>FEE CLAIMED</b> (days or hours x rate) |
|-------------------------|--------------------|----------|------------------|-------------------------------------------|
| PREPARATION:            |                    |          | Number of hours: | Hours x \$225 / hr                        |
| Review file             |                    |          |                  | \$0.00                                    |
| Prepare application     |                    |          |                  | \$0.00                                    |
| Prepare interrogatories |                    |          |                  | \$0.00                                    |
| Respond to interrogator | ries               |          |                  | \$0.00                                    |
| Prepare interventions/c | omments            |          |                  | \$0.00                                    |
| Prepare evidence        |                    |          |                  | \$0.00                                    |
| egal research           |                    |          |                  | \$0.00                                    |
| Prepare for hearing     |                    |          |                  | \$0.00                                    |
| Prepare expert report   |                    |          |                  | \$0.00                                    |
| Prepare reply comment   | ts                 |          |                  | \$0.00                                    |
| Consult with client     |                    |          |                  | \$0.00                                    |
| Case management         |                    |          |                  | \$0.00                                    |
| Other (specify):        |                    |          |                  |                                           |
|                         |                    |          |                  | \$0.00                                    |
|                         |                    |          | Sub Total:       | \$0.00                                    |
| ATTENDANCE:             |                    |          | Number of days:  | Days x \$1650 / day                       |
| Attend hearing          |                    |          |                  | \$0.00                                    |
| Testifying              |                    |          |                  | \$0.00                                    |
| TOTAL TIME CLAIMED:     |                    |          | HOURS: 0         |                                           |
|                         |                    |          | <b>DAYS</b> : 0  |                                           |
| TOTAL FEES:             |                    |          |                  |                                           |
| Add TAXES (GST @        | %; PST @           | %; HST @ | %)               | \$0.00                                    |
| ess TAX REBATES/IN      | NPUT CREDITS if ap | plicable |                  |                                           |
|                         | GST (Percentage    |          | %)               |                                           |
|                         | PST (Percentage re | ebate:   | %)               | _                                         |
|                         | HST (Percentage re | ebate:   | %)               | <u> </u>                                  |
| TOTAL CLAIM:            |                    |          |                  |                                           |
|                         |                    |          |                  |                                           |
|                         |                    |          |                  | Transfer to Form1, Line 5B                |

| GST/PST/HST Registration number (if applicable) :                                |  |
|----------------------------------------------------------------------------------|--|
|                                                                                  |  |
|                                                                                  |  |
| I certify that the above information is true and accurate Signature of Claimant: |  |
|                                                                                  |  |
|                                                                                  |  |
|                                                                                  |  |

BPF Schedule B (2013 - 03)