

SCHEDULE D - DISBURSEMENTS

Proceeding No: _____

Applicant: _____

Is the Applicant eligible for a tax rebate?

Yes

No

If yes, indicate which rebate is applicable:

_____	GS T (Percentage rebate: %)
_____	PST (Percentage %)
_____	HST (Percentage rebate: %)

TYPE OF DISBURSEMENT	RATE (specified in Appendix A of guidelines)	TOTAL COSTS (including GST/PS T/HS T)	RECEIPT (where applicable, indicate page reference)
OFFICE EXPENSES:			
In-house photocopies	\$0.15 / copy		
Other photocopies, printing and binding			
Postage/Courier			
Long Distance (Telephone/fax)			
Transcripts			
AIR TRAVEL: (List each traveler separately)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
INTER-CITY TRAIN OR BUS TRAVEL: (List each traveler separately)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
INTER-CITY CAR TRAVEL: (List each traveler separately)			
1. _____	\$0.50/km		
2.	\$0.50/km		
3.	\$0.50/km		
4.	\$0.50/km		
5.	\$0.50/km		
6.	\$0.50/km		
7.	\$0.50/km		
INTRA-CITY CAR TRAVEL: (List each traveler separately)			
1.	\$0.50/km		

2.	\$0.50/km		
3.	\$0.50/km		
4.	\$0.50/km		
5.	\$0.50/km		
6.	\$0.50/km		
7.	\$0.50/km		
PARKING:			
INTRA-CITY TAXI/BUS/TRAIN:			
HOTEL ACCOMODATION: (List each traveler separately)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
PRIVATE ACCOMODATION: (List each traveler separately)			
1. _____	\$20/day		
2.	\$20/day		
3.	\$20/day		
OTHER DISBURSEMENTS: (Specify nature of disbursement)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
SUBTOTAL DISBURSEMENTS: (EXCLUDING MEALS)		\$	
LESS REBATE IF APPLICABLE			
(SPECIFY TYPE AND			
%)			
SUBTOTAL DISBURSEMENTS LESS REBATE: (EXCLUDING MEALS)		\$	
Meals were taken in connection with a hearing or meeting which took place at a distance of more than 50 km from regular place of work			
Meals were taken in connection with a hearing or meeting which took place of at a distance of 50 km or less from regular place work			
SUBTOTAL OF DISBURSEMENTS (EXCLUDING MEALS)			\$0
SUBTOTAL MEALS CLAIMED			\$0

TOTAL DISBURSEMENTS	\$0 Transfer to Form 1, Line 5D
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GST/PST/HST Registration number (if applicable) : _____

I certify that the above information is true and accurate
Signature of Claimant:

BPF Schedule D (2013 - 03)