



Travel Desk
3465 Durocher Street, 2nd floor
Montreal, Quebec
H2X 0A8

Request for Expense Reimbursement
Reference # 00800151

Request has been forwarded for completion to Reviewer: School Of Computer Science

Paid to and Requested by Responsible McGill Person

McGill ID	Name	Address	Phone #	E-Mail
260536886	Newell Edward	4537 Rue Garnier Montreal Montreal QC H2J 3S6 Canada		edward.newell@mail.mcgill.ca

Payment Information

Request date	Destination City	Start Date	Return Date	Purpose
23-Jun-2017	Mtl	23-Jun-2017	23-Jun-2017	Subject Payments
Experimental subjects were engaged as part of research into how relations are expressed in English using relational nouns. We call this project the "Relational Nouns Project". This research project aims to provide a dataset and associated models that can be used for relation extraction and related natural language processing / information extraction methods.				
Payment Details				
Claimant Affiliation				

Summary of Expenses ("MF" represents expense items that are Missing FOAPALS)

Item #	Trans. date	Description	Trans. Amount \$	Non-McGill Expense	Allowable Expenses	Curr.	Exch. Rate	Expenses CAD \$
1(MF)	22-Jun-2017	Subject Fees: Payment to experimental participant	20.00	.00	20.00	CAD	1	20.00
2(MF)	18-Apr-2017	Subject Fees: Payment to experimental participant	244.00	.00	244.00	CAD	1	244.00
3(MF)	18-Apr-2017	Subject Fees: Payment to experimental participant	123.00	.00	123.00	CAD	1	123.00
4(MF)	10-May-2017	Subject Fees: Payment to experimental participant	11.00	.00	11.00	CAD	1	11.00
5(MF)	13-Apr-2017	Subject Fees: Payment to experimental participant	58.00	.00	58.00	CAD	1	58.00
6(MF)	10-Apr-2017	Subject Fees: Payment to experimental participant	96.00	.00	96.00	CAD	1	96.00
14(MF)	10-Apr-2017	Subject Fees: Payment to experimental participant	53.00	.00	53.00	CAD	1	53.00
8(MF)	10-Apr-2017	Subject Fees: Payment to experimental participant	10.00	.00	10.00	CAD	1	10.00
9(MF)	10-Apr-2017	Subject Fees: Payment to experimental participant	140.00	.00	140.00	CAD	1	140.00
10(MF)	10-Apr-2017	Subject Fees: Payment to experimental participant	92.00	.00	92.00	CAD	1	92.00
11(MF)	10-Apr-2017	Subject Fees: Payment to experimental participant	21.00	.00	21.00	CAD	1	21.00
12(MF)	07-Apr-2017	Subject Fees: Payment to experimental participant	155.00	.00	155.00	CAD	1	155.00
13(MF)	07-Apr-2017	Subject Fees: Payment to experimental participant	150.00	.00	150.00	CAD	1	150.00

7(MF)	10-Apr-2017	Subject Fees: Payment to experimental participant	69.00	.00	69.00	CAD	1	69.00
Total of Supplies/Subject fees/Misc.								1,242.00
Grand Total								1,242.00
Due to Claimant								1,242.00

FOAPAL Distribution

Fund	Org	Account	Program	Activity	Location	Total
		700220		000000	000000	1,242.00
Total						1,242.00

Fund Information

Fund	Fund Title	FST Manager	Fund Admin.	Financial Manager
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Request for Expense Reimbursement

Date 25-Jul-2017 **Reference Number** 00800151

Requested by Newell Edward **Payable to** Newell Edward **In the Amount of** 1,242.00

Experimental subjects were engaged as part of research into how relations are expressed in English using relational nouns. We call this project the "Relational Nouns Project". This research project aims to provide a dataset and associated models that can be used for relation extraction and related natural language processing / information extraction methods.

Approvals

1. All Requests for Expense Reimbursements require the signature of the claimant and the approval of the Fund Financial Manager of each fund charged.
2. Where the claimant is the Fund Financial Manager, their immediate supervisor must approve the request.
3. For meals and entertainment, should the normal approver be listed in the names of the people being entertained, then their immediate supervisor must approve the request.
4. Approval and reimbursement of the expense does not constitute final acceptance. All transactions are subject to subsequent review and adjustment.

Delegation of Signing Authority

In accordance with the [Reimbursement of Expenses Guidelines](#), delegation of approval is permitted during temporary absences of a person having normal signing authority. For details and restrictions, refer to section G4.3.

Claimant I certify that all expenses submitted are accurately stated, legitimate, appropriate, reasonable, for University purposes, and are in accordance with University policy. I certify that all expenses previously paid or payable in the future by the University or by any other party have been deducted. I agree to refund to the University any subsequent reimbursement from other organizations for the expenses submitted, or any amount disallowed further to a subsequent review or audit.	Signature _____ Date _____
Approver I certify that all expenses are legitimate, appropriate, reasonable, for University purposes only, are in accordance with University policy, are charged to the correct FOAPAL(s), and where	Signature _____ Date _____ Print Name _____

applicable, conform to granting agency regulations and relate to research for which the grant/contract was awarded.

Title	
Signature (if applicable)	Date
Print Name	
Title	