University of Nevada, Reno
Host Expense Documentation and Approval

(MUST be attached to the request for payment form or pcard statement with original receipts)

Date and Time of Event:	
Name and Description of Event:	
Location of Event: (City & State)	

Is the Event for the Purchase of a Table? YES ☐ NO ☐

If yes, complete "Table Request Form" located at http://www.unr.edu/forms/ and attach approved request to this form.

Maximum Cost: _____ **Authorized Host Account Number:** _____

Purpose of Event (Required/Check one):

☐ 01 Friend & Fund Raising	☐ 09 Student Relations & Development
☐ 02 Student Recruitment	☐ 10 Faculty Development
☐ 03 Employee Recruitment	☐ 11 Government Relations
☐ 04 Student Government	☐ 12 Internal Staff & Employee Meetings
☐ 05 Community Relations	☐ 13 Athletic Activities
☐ 06 Employee Relations	☐ 15 Table Purchase
☐ 07 Employee Development	

REQUIRED - Names of Individuals Hosted/Attended and check box if UNR employee

Name & Business Relationship	Name & Business Relationship
☐ 1	☐ 11
☐ 2	☐ 12
☐ 3	☐ 13
☐ 4	☐ 14
☐ 5	☐ 15
☐ 6	☐ 16
☐ 7	☐ 17
☐ 8	☐ 18
☐ 9	☐ 19
☐ 10	☐ 20

If more than 20 participants are being hosted, provide an explanation in lieu of names including event description and the types of attendees (faculty, staff, community members, students, parents, donors, etc.)

If all attendees are UNR employees, provide justification of event & attach meeting agenda, if applicable. (see NSHE Procedures manual, Chapter 5, Section 1)

Department: _____ **Contact:** _____ **Phone #**_____

Payment Method: ☐ **Employee Reimbursement** ☐ **Purchasing Card Last 4 digits #** _____ ☐ **Vendor Payment**

Approved by: _____ **Date:**_____

(Print Name of Dean/Vice President or Higher Authority)

Authorized Signature: _____