

**UNIVERSITY OF NEVADA, RENO**  
**HOST EXPENSE DOCUMENTATION AND APPROVAL**  
(MUST be attached to the payment request with original receipts)

Date 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 Detail Code: \_\_\_\_\_

**REQUIRED -- Purpose of Event (Check One)**

<input type="checkbox"/> DC001 General	<input type="checkbox"/> DC011 Program/Business Development
<input type="checkbox"/> DC002 Participant Costs	<input type="checkbox"/> DC012 Regents
<input type="checkbox"/> DC003 Accreditation/Program	<input type="checkbox"/> DC013 Resident Graduation
<input type="checkbox"/> DC004 Athletic Activities	<input type="checkbox"/> DC014 Resident Orientation
<input type="checkbox"/> DC005 Community Goodwill	<input type="checkbox"/> DC015 Student Life & Government
<input type="checkbox"/> DC006 Employee Goodwill	<input type="checkbox"/> DC016 Table Purchase/Institution Paid
<input type="checkbox"/> DC007 Fundraising	<input type="checkbox"/> DC017 Table Purchase/Donor Paid
<input type="checkbox"/> DC008 Governmental Relations	<input type="checkbox"/> DC018 Donor, Potential Donors, Visitors & Other Non-Employee Gifts
<input type="checkbox"/> DC009 Grants	<input type="checkbox"/> DC038 Small Gifts, Employee
<input type="checkbox"/> DC010 Internal Staff Meeting & Development	<input type="checkbox"/> DC039 Small Gifts, Community

**REQUIRED -- Names of Individuals Hosted/Attended (Check Box if UNR Employee)**

Name and Business Relationship	Name and 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 and 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  
 Meal Allowance Exceeds Normal Limits (provide explanation): \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name of Dean/Vice President or Higher Authority)

Authorized Signature: \_\_\_\_\_