

UNIVERSITY OF NEVADA, RENO
HOST EXPENSE DOCUMENTATION AND APPROVAL
(MUST be attached to the payment request 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 Dean/VP in Attendance? 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: _____

REQUIRED -- Purpose of Event (Check One)

| | |
|---|--|
| <input type="checkbox"/> 02 Student recruitment | <input type="checkbox"/> 10 Faculty development |
| <input type="checkbox"/> 03 Employee recruitment | <input type="checkbox"/> 12 Internal staff & employee meetings |
| <input type="checkbox"/> 04 Student government | <input type="checkbox"/> 13 Athletic activities |
| <input type="checkbox"/> 05 Community relations | <input type="checkbox"/> 16 Accreditation Program Review |
| <input type="checkbox"/> 06 Employee relations | <input type="checkbox"/> 17 Resident orientation |
| <input type="checkbox"/> 07 Employee development | <input type="checkbox"/> 18 Resident recruitment |
| <input type="checkbox"/> 09 Student relations & development | <input type="checkbox"/> 19 Resident graduation |

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

| Name and Business Relationship | | Name and Business Relationship | |
|--------------------------------|--|--------------------------------|--|
| <input type="checkbox"/> 1. | | <input type="checkbox"/> 11. | |
| <input type="checkbox"/> 2. | | <input type="checkbox"/> 12. | |
| <input type="checkbox"/> 3. | | <input type="checkbox"/> 13. | |
| <input type="checkbox"/> 4. | | <input type="checkbox"/> 14. | |
| <input type="checkbox"/> 5. | | <input type="checkbox"/> 15. | |
| <input type="checkbox"/> 6. | | <input type="checkbox"/> 16. | |
| <input type="checkbox"/> 7. | | <input type="checkbox"/> 17. | |
| <input type="checkbox"/> 8. | | <input type="checkbox"/> 18. | |
| <input type="checkbox"/> 9. | | <input type="checkbox"/> 19. | |
| <input type="checkbox"/> 10. | | <input type="checkbox"/> 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: _____