

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)

02 Student recruitment	10 Faculty development
03 Employee recruitment	12 Internal staff & employee meetings
04 Student government	13 Athletic activities
05 Community relations	16 Accreditation Program Review
06 Employee relations	17 Resident orientation
07 Employee development	18 Resident recruitment
09 Student relations & development	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: _____