

University of Nevada, Reno

Development & Governmental Relations Activity 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 this event for the Purchase of a Table? YES NO

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

Maximum Cost: _____ Authorized Account Number: _____

Purpose of Event (Required/Check one):

- | | |
|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> 01 Friend & Fund Raising | <input type="checkbox"/> 11 Government Relations |
| | <input type="checkbox"/> 15 Table Purchase |

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

Names & Business Relationship		Names & 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 type of attendees (faculty, staff, community members, students, parents, donors, etc.)

Department: _____ Contact: _____ Phone #: _____

Payment Method:

- Employee Reimbursement Purchasing Card Last 4 digits No.: _____ Vendor Payment

Raiser's Edge Entry: _____ Date: _____
(Approved & Posted by Development Staff Representative [DAR])

Account Line Approval: _____ Date: _____
(Signature of Dean/Vice President or Higher Authority)

Authorized Signature: _____ Date: _____
(Signature of VP of Development or Director of Governmental Relations)