

**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)