

**WESTERN NEVADA COLLEGE**  
**HOST EXPENSE DOCUMENTATION AND APPROVAL**  
**(MUST BE ATTACHED TO THE REQUEST FOR PAYMENT FORM WITH ORIGINAL RECEIPTS)**

<b>Date and Time of Event:</b>	
<b>Name and Description of Event:</b>	
<b>Location of Event: (City &amp; State)</b>	

Is the Event for the Purchase of a Table?   YES   ☐      NO   ☐

<b>Maximum Cost:</b> _____	<b>Authorized Host Acct No:</b> _____
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**Purpose of Event (Required/Check one):**

<input type="checkbox"/> <b>01 Friend &amp; Fund Raising</b>	<input type="checkbox"/> <b>08 Student Relations &amp; Development</b>
<input type="checkbox"/> <b>02 Student Recruitment</b>	<input type="checkbox"/> <b>09 Faculty Development</b>
<input type="checkbox"/> <b>03 Employee Recruitment</b>	<input type="checkbox"/> <b>10 Government Relations</b>
<input type="checkbox"/> <b>04 Student Government</b>	<input type="checkbox"/> <b>11 Internal Staff &amp; Employee Meetings</b>
<input type="checkbox"/> <b>05 Community Relations</b>	<input type="checkbox"/> <b>12 Athletic Activities</b>
<input type="checkbox"/> <b>06 Employee Relations</b>	<input type="checkbox"/> <b>13 Table Purchase</b>
<input type="checkbox"/> <b>07 Employee Development</b>	<input type="checkbox"/> <b>14 Other Approved Host Use</b>

**REQUIRED - Names of Individuals Hosted/Attended and check box if WNC employee**

Name & business relationship	Name & business relationship
<input type="checkbox"/> <b>1</b>	<input type="checkbox"/> <b>11</b>
<input type="checkbox"/> <b>2</b>	<input type="checkbox"/> <b>12</b>
<input type="checkbox"/> <b>3</b>	<input type="checkbox"/> <b>13</b>
<input type="checkbox"/> <b>4</b>	<input type="checkbox"/> <b>14</b>
<input type="checkbox"/> <b>5</b>	<input type="checkbox"/> <b>15</b>
<input type="checkbox"/> <b>6</b>	<input type="checkbox"/> <b>16</b>
<input type="checkbox"/> <b>7</b>	<input type="checkbox"/> <b>17</b>
<input type="checkbox"/> <b>8</b>	<input type="checkbox"/> <b>18</b>
<input type="checkbox"/> <b>9</b>	<input type="checkbox"/> <b>19</b>
<input type="checkbox"/> <b>10</b>	<input type="checkbox"/> <b>20</b>

**SPECIAL NOTES (see below)**

1. If more than 20 participants are hosted, provide, as an attachment, an explanation in lieu of names including event description and the types of attendees (faculty, staff, community members, students, parents, donors, etc.)
2. If all attendees are WNC employees, provide justification of event & attach meeting agenda, if applicable, as an attachment. (see NSHE Procedures Manual, Chapter 5, Section 1)

**Department:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Payment Method:**   ☐ **Employee Reimbursement**      ☐ **Vendor Payment**

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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