

# Western Nevada College

## HOST EXPENSE DOCUMENTATION AND APPROVAL

(MUST be attached to the payment request with original receipts)

Date of Event:	
Name and Description of Event:	
Location of Event (City & State):	

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

Maximum Cost: \_\_\_\_\_ Authorized Host Account: \_\_\_\_\_

REQUIRED Purpose of Event (Check One)	
DC001 General	DC011 Program/Business Development
DC002 Participant Costs	DC012 Regents
DC003 Accreditation/Program	DC013 Resident Graduation
DC004 Athletic Activities	DC014 Resident Orientation
DC005 Community Goodwill	DC015 Student Life & Government
DC006 Employee Goodwill	DC016 Table Purchase/Institution Paid
DC007 Fundraising	DC017 Table Purchase/Donor Paid
DC008 Governmental Relations	DC018 Donor, Potential Donors, Visitors & Other Non-Employee Gifts
DC009 Grants	DC038 Small Gifts, Employee
DC010 Internal Staff Meeting & Development	DC039 Small Gifts, Community

REQUIRED Names of Individuals Hosted/Attended (Check Box if WNC Employee)	
Name and Business Relationship	Name and Business Relationship
1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	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 WNC employees, provide justification of event and attach meeting agenda or flyer, if applicable. (see NSHE Procedures Manual, Chapter 5, Section 1)

Department: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment Method:    Employee Reimbursement    Purchasing Card (last 4 digits): \_\_\_\_\_    Vendor Payment

Additional Comments

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

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