Great Basin College
Host Expense Documentation and Approval

(MUST be attached to the request for payment form or pcard statement with original receipts.)

Date of Event:	
Name and Description of Event:	
Location of Event: (City & State)	
Estimated dollar ($) amount of Event:	

Occasion/Other

□ Breakfast	□ Snacks for Meeting
□ Lunch	□ Non-Food – Please specify:
□ Dinner	

REQUIRED – Names of Individuals Hosted/Attended

Attach meeting minutes/agenda if applicable (See NSHE Procedure Manual, Chapter5, Section 1)

If more than 10 participants are being hosted, provide the types of attendees (faculty, staff, community members, students, parents, donors, etc.)

If less than 10 attendees, list below. Check the box if the attendees are GBC employees.

Name & Business Relationship	Name & Business Relationship
□ 1	□ 6
□ 2	□ 7
□ 3	□ 8
□ 4	□ 9
□ 5	□ 10

Approval and Payment Method

Department: _____Contact: _____ Phone: _____

Payment Method: □ Employee Reimbursement □ Vendor Payment DPO# _____
Purchasing Card Last 4 digits # _____

Approved by: _____
(Print Name of Vice President or Higher Authority)

Authorized Signature: _____ Date: _____

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