COLLEGE OF SOUTHERN NEVADA HOSTING CHECKLIST

(This approved form must be attached to the payment request.)

	s reason for the I endees are CSN e	mployees, provide justif	fication (of event and atta	ch meeting agenda.	
ocatio	n and date of the	hosting event:				
	•	•				
A				•		ted
	Name	Business Relationship		Name	Business Relationship	7
						_
]
						-
						1
ost ev	Business Relation Estimated Head	onship lcount				
Program			eu work	Grant	Cost Center	•
	B. If hosting 20 or more people, state (CSN employees, CSN students, re Business Relationship Estimated Headcount st expenditures are only allowed on aut			Gift	Unit	
i detaii t	oue is required.)					
	_			-	ng expenses, except agency fu	und
	• .		•	•	: +b+ +b+ :£:	
_		_	nus, but	is not an indicat	ion that the event qualines a	5 d
Printed Name			Date	Signature		
	ng below, the car	dholder of the P-Card a			ling that if this transaction do	oes
	as hosting expen	ditures, the cardholder	may be	liable for reimbu	rsement to CSN.	
	as hosting expen	ditures, the cardholder	may be	liable for reimbu	rsement to CSN.	