



GRINNELL COLLEGE

Office of Development & Alumni Relations
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APPROVED REIMBURSEMENTS

Expenses must be submitted within 30 calendar days of travel, and must have prior approval to be eligible for reimbursement.
Original receipts required.

Name: _____
(Please print your preferred title [Dr., Mr., Mrs., Ms., Etc.] and name) Class Year

Address: _____
City State Zip

Phone: (____) _____ - _____ **Email:** _____

Joint Recognition ☐ I want to share recognition for this gift with my spouse/partner

(Please print spouse's/partner's preferred title and name)

Auto Travel ☐ Personal vehicle: _____ miles x \$0.545 (reimbursement rate) = \$ _____

☐ Rental vehicle

Company Name: _____ \$ _____

Gas 1: _____ \$ _____

Gas 2: _____ \$ _____

Gas 3: _____ \$ _____

Air Travel Airline 1: _____ \$ _____

Airline 2: _____ \$ _____

Other Travel 1: _____ \$ _____

2: _____ \$ _____

Additional Expenses _____ \$ _____

*(i.e. parking, tolls,
ferries, shuttles, etc.)*

_____ \$ _____

Total: \$ _____

Event/Purpose: _____
Date

Department/Office: _____

Contact Person: _____

Signature: _____

Please use the "In-Kind Travel Gifts" forms to make your travel a gift to Grinnell College.

For your gift to count in our fiscal year, and to be recognized in this year's Honor Roll of Giving, you must do one of the following:
Postmarked by June 30th • Online by 11:59 PM CT on June 30th • By phone during regular business hours (8am – 5pm) by June 30

Thank you for your support of Grinnell College.

Grinnell College and its employees do not provide tax or legal advice. Donors should consult their legal and financial advisors.