

733 Broad Street Grinnell, IA 50112

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and	Alum	ni Re	lations

In-Kind Gifts – Travel Expenses

Please submit this form within 30 calendar days of travel. ORIGINAL RECEIPTS ARE REQUIRED.

Name:					
(Please print	t your preferred title [Dr., Mr., Mrs., Ms., etc.] and name)		Class Year		
Address:					
	City	State	Zip		
Phone: () Email:				
Joint Recogniti	on \Box 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 \$0.14 (reimbursement rate) = □ Rental vehicle				
	Company Name:		\$		
	Gas 1:		\$		
	Gas 2:		\$		
	Gas 3:		\$		
	\Box My auto travel exceeded the reimbursable amount. I would like to give the	he excess	as a gift-in-kind.		
Air Travel	Airline 1:		\$		
	Airline 2:		\$		
	\Box My air travel exceeded the reimbursable amount. I would like to give the excess as a gift-in-kind.				
Other Travel	1:	_	\$		
	2:	_	\$		
Additional Exp (<i>i.e. parking, tolls,</i>	enses	-	\$		
ferries, shuttles, etc.)		-	\$		
		Total	:\$		
Fuent/Dur	pose:				
Livent/1 ur	Date		-		
Departme	nt/Office:		_		
	act:		_		
Donor Sig	nature:		_		
	that the information that I'm submitting is correct. For additional details on gifts-in-k e Office of Development and Alumni Relations. For your gift to count in our fiscal year Honor Roll of Giving, you must submit the forms by the following deadline	and to be			
Postmarked by .			.m.–5 p.m.) by June 30		
Grinnell Colle	Thank you for your support of Grinnell College. age and its employees do not provide tax and legal advice. Donors should consult their		d financial advisers.		
	IN-KIND GIFT REQUESTS MUST BY SUBMITTED BY DECEMBER 31				