

733 Broad Street Grinnell, IA 50112

Office: 641–269–1846 Toll Free: 866–850–1846 Fax: 641–269–3222

grinnell.edu

In-Kind Gifts - Travel Expenses

Please submit this form within 30 calendar days of travel.

ORIGINAL RECEIPTS ARE REQUIRED.

(Please prin	t your preferred title [Dr., Mr., Mrs., Ms., etc.] and name)	Class Year
(I toute print	Δ · · · · · · · · · · · · · · · · · · ·	2300 200
Address:	- City	State Zip
	Guy	State Zip
Phone: () Email:	
oint Recogniti	ion \square 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:	\$
	☐ My auto travel exceeded the reimbursable amount. I would like to give the	ne excess as a gift-in-kin
	·	
Air Travel	Airline 1:	\$
	Airline 2:	r —
	\square My air travel exceeded the reimbursable amount. I would like to give the	excess as a gift-in-kind.
Other Travel	1:	\$
	2;	\$
		F
Additional Expenses		\$
i.e. parking, tolls, erries, shuttles, etc.)		\$
		- 1
		Total: \$
Event/Pur	pose:	
Event/Pur	pose:	
,		
Departme	Date	

I here by certify that the information that I'm submitting is correct. For additional details on gifts-in-kind, please touch base with your staff contact in the Office of Development and Alumni Relations. For your gift to count in our fiscal year and to be recognized in this year's Honor Roll of Giving, you must submit the forms by the following deadlines:

Postmarked by June 30 | Online by 11:59 p.m. CST on June 30 | By phone during regular business hours (8 a.m.-5 p.m.) by June 30

Thank you for your support of Grinnell College.

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