

PIONEER FUND

Approved Reimbursements (Expenses must have prior approval for reimbursement)
THE PIONEER FUND AT GRINNELL COLLEGE

Name _____
(please print your preferred title [Dr., Mr., Mrs., Ms., other] and name) *Class year*

Address _____

City, State, Zip _____

Phone, E-mail _____

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

_____ *Class year*
(please print spouse's/partner's preferred title and name)

Auto Travel 1) Personal vehicle: _____ miles x \$.505 (reimbursement rate) = \$ _____
(If this is a gift in kind, the current rate for charitable deductions of \$.14 will be used.)

2) Rental car.
Company name: _____ \$ _____

Gas 1: _____ \$ _____

Gas 2: _____ \$ _____

Gas 3: _____ \$ _____

Air Travel 1) _____ \$ _____

2) _____ \$ _____

Other Travel 1) _____ \$ _____

2) _____ \$ _____

Additional Expenses *Company and Purpose (parking, shuttle, road toll, ferry toll)*

1) _____ \$ _____

2) _____ \$ _____

Gift Details Original receipts attached (*required*). Total: \$ _____

Retain this amount as a gift in kind to Grinnell College \$ _____

If your expenses are not approved for reimbursement, the full amount will be counted as a gift in kind.

Event/Purpose _____ *Date*

Department/Office _____

Contact person _____

Signature _____

* In-kind gifts are Pioneer Fund gifts that must be accounted for in the annual budget of the office with which you are working. Your receipt will say "Travel Expenses," and the sum of your gift will be included in your total gift to the College as acknowledged in the *Honor Roll of Giving*.