## MILEAGE & PARKING REIMBURSEMENT REQUEST: NON-EMPLOYEES Hennepin County, Minnesota

HC 489A (12/2	23											
DEPARTMENT/DI			DATE	VENDOR NUMBER (IF KNOWN)								
NAME FIRST				LACT			COUNTY ADDRESS					MAIL CODE
NAME - FIRST M.I.			I.I. LASI	LAST			COUNTY ADDRESS					MAIL CODE
					Taxer			T		I		
STREET ADDRES	55				CITY			STATE		ZIP CODE		
By signing below, claimant attests to the following:  1) I have a valid driver's license and motor vehicle insurance as required by law.			LII									
			N		AMOUNT	FUND	DEPTID	523	OUNT -	PC BUS UNIT	PROJECT	ACTIVITY
<ol> <li>Per Minnesota Statute 471.391, Subd. 1: I declare under the penalties of law that this claim is just and correct and that no part of it has been paid.</li> </ol>				1				Mile	eage			
				2				Mileage 52334 -				
				02			Parl		king	ly if completely i	tominod	
SIGNATURE OF CLAIMANT				TOTAL			This claim can be paid only if completely itemized. All required information must be carefully filled in.					
DATE FROM						ТО			NUMBER OF MILES	BUS / TRAIN FARE	PARI EXPE	
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										DATE	PER	MILE
APPROVED BY DEPARTMENT HEAD/DESIGNEE: DA					DATE:	TOTA	AL NUMBER OF I			Jan 2024 Jan 2023	\$0.0 \$0.0	
							RATE PER MILE TOTAL MILEAGE EXPENSES					
							TOT	TAL BUS/TR	AIN FARES			
AUDITED BY: DATE:							TOTAL PARKING EXPENSES *					
							TOTAL EXPENSES					

Email the completed form to your County contact. County contact, for payment processing please email approved forms to OBF.intranet@hennepin.us (copy your Authorized Signer)

<sup>\*</sup>See Mileage & Parking Reimbursement and Automobile Required policies in HC Administrative Manual. Attach required receipts.