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

HC 489A (12/2	23											
DEPARTMENT/DI	IVISION			DATE		VENDOR NUME	BER (IF KNOWN)					
NAME - FIRST M.I. LAST			LAST			COUNTY ADDR	FSS				MAIL CODE	
							SOUTH TO BE A SECOND TO SE				WINTE GODE	
STREET ADDRES	SS			CITY		1	STATE	ZIP CODE			-	
By signing belo	ow, claimant attest	s to the following:	LINE									
I) I have a valid driver's license and motor vehicle insurance as required by law.  2) 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.  ()			NO	AMOUNT	FUND	DEPTID	ACCOUNT	PC BUS U	NIT	PROJECT	ACTIVITY	
			er O1				52332	-				
							Mileage	•				
							Mileage 52334	-				
			02				Parking					
			TOTAL			This	claim can be pai	d only if comple	tely item	ized.	- !	
			TOTAL	I TOTAL		All required information m				ed in. PARK	INC	
DATE FROM					O OF MILES			BUS / TRAIN PAR FARE EXP				
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					тот	AL NUMBER OF N	MILES	Jan 202	5	\$0.7	'00	
APPROVED BY D	EPARTMENT HEAD/D	DESIGNEE:		DATE:		RATE PER		Jan 202		\$0.6		
ĺ							L MILEAGE EXPEN	SES				
							AL BUS/TRAIN FA					
AUDITED BY:				DATE:			PARKING EXPENS					
						SES						

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.