

MILEAGE & PARKING REIMBURSEMENT REQUEST: NON-EMPLOYEES

Hennepin County, Minnesota

HC 489A (12/15)

D

DEPARTMENT/DIVISION		DATE	VENDOR NUMBER (IF KNOWN)		
NAME - FIRST	M.I.	LAST	COUNTY ADDRESS		MAIL CODE
STREET ADDRESS			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. 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. _____ SIGNATURE OF CLAIMANT (Use blue ink)	LINE NO	AMOUNT	FUND	DEPTID	ACCOUNT	PC BUS UNIT	PROJECT	ACTIVITY
	01				52332 - Mileage			
	02				52334 - Parking			
	TOTAL				This claim can be paid only if completely itemized. All required information must be carefully filled in.			

DATE	FROM	TO	NUMBER OF MILES	BUS / TRAIN FARE	PARKING EXPENSE	
	PURPOSE:					
			TOTAL NUMBER OF MILES		EFFECTIVE DATE	RATE PER MILE
APPROVED BY DEPARTMENT HEAD/DESIGNEE: _____ DATE: _____			RATE PER MILE		Jan 2020	\$0.575
					Jan 2021	\$0.560
AUDITED BY: _____ DATE: _____			TOTAL MILEAGE EXPENSES			
			TOTAL BUS/TRAIN FARES			
			TOTAL PARKING EXPENSES *			
			TOTAL EXPENSES			

*See Mileage & Parking Reimbursement and Automobile Required policies in HC Administrative Manual. Attach required receipts.