

## Hennepin County, Minnesota

DEPARTMENT/DIVISION

NAME - FIRST	M.I.	LAST	COUNTY ADDRESS	MAIL CODE

STREET ADDRESS	CITY	STATE	ZIP CODE
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<b>By signing below, claimant attests to the following:</b> 1) I have a <b>valid driver's license and motor vehicle insurance</b> as required by law. 2) <b>Per Minnesota Statute 471.391, Subd. 1:</b> I declare under the penalties of law that this claim is just and correct and that no part of it has been paid.	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.			
SIGNATURE OF CLAIMANT								

DATE	FROM	TO	NUMBER OF MILES	BUS / TRAIN FARE	PARKING EXPENSE

	PURPOSE:					

	PURPOSE:					

	PURPOSE:					

	PURPOSE:					

	PURPOSE:					

	PURPOSE:					

	PURPOSE:				

	PURPOSE:				

	PURPOSE:				

	PURPOSE:				

	PURPOSE:				

	PURPOSE:				

	PURPOSE:				
			EFFECTIVE	DATE	

			EFFECTIVE DATE	RATE PER MILE
APPROVED BY DEPARTMENT HEAD/DESIGNEE: _____		DATE: _____	Jan 2026	\$0.725
			Jan 2025	\$0.700
		TOTAL MILEAGE EXPENSES		
		TOTAL BUS/TRAIN FARES		
AUDITED BY: _____		DATE: _____	TOTAL PARKING EXPENSES *	
			TOTAL EXPENSES	

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

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