MILEAGE & PARKING REIMBURSEMENT REQUEST: NON-EMPLOYEES

Hennepin County, Minnesota

HC 489A (12/06) **D**

DEPARTMENT/DIVISION	DATE	VENDOR NUMBER (IF KNOWN)	WARRANT NO.

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	ACCOUNT	CENTER	PROJECT COMPANY	PROJECT NUMBER
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:				
	PURPOSE:				
	PURPOSE:				
	PURPOSE:				
	PURPOSE:				
	PURPOSE:				
	PURPOSE:				
	PURPOSE:				
	PURPOSE:				
	PURPOSE:				
	PURPOSE:				
	PURPOSE:				
	PURPOSE:				
	PURPOSE:				

		EFFECTIVE DATE	RATE PER MILE
TOTAL NUMBER OF MILES		Jan 2011	$0.51
RATE PER MILE		Jul 2011	$0.555
TOTAL MILEAGE EXPENSES			
TOTAL BUS/TRAIN FARES			
TOTAL PARKING EXPENSES *			
TOTAL EXPENSES			

APPROVED BY DEPARTMENT HEAD/DESIGNEE: DATE:

AUDITED BY: DATE:

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