HARTFORD SCHOOL DISTRICT

MILEAGE VOUCHER

January 1, **2026** through December 31, **2026**

NAME: _____

Please submit monthly and no later than 60 days from date of travel.

Please submit with an adding machine tape if filling out by hand.

If using Excel an adding machine tape is not necessary. Please print out, sign and have your administrator sign.

Date	Destination from	Destination to	Reason	# of Miles	Running Total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

TOTAL MILES:	0.00
IRS RATE:	0.725
TOTAL DUE:	0.00

Driver's Signature: _____

Administrator's Signature:_____

HARTFORD SCHOOL DISTRICT

MILEAGE VOUCHER

January 1, **2025** through December 31, **2025**

NAME: _____

Please submit monthly and no later than 60 days from date of travel.

Please submit with an adding machine tape if filling out by hand.

If using Excel an adding machine tape is not necessary. Please print out, sign and have your administrator sign.

Date	Destination from	Destination to	Reason	# of Miles	Running Total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
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					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

TOTAL MILES:	0.00
IRS RATE:	0.70
TOTAL DUE:	0.00

Driver's Signature: _____

Administrator's Signature:_____