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| *Factura por Servicios de Transporte del Programa* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| *Infantes-Niños Menores de Tres Años de Carolina del Norte* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC ) and Parent/Guardian**:  ***Sección 1: Información General – debe ser completado por la Coordinador de Servicios de Intervención Temprana (EISC) y los padres de familia o tutor legal:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autorizado por CDSA: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dirección: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Dirección: : | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del niño: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | F. de nacimiento: | | | | | | |  | | | | HIS ID #: | | | | |  | | |
|  | Apellido paterno | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nombre | | | | | | | | | | | Inicial 2º nombre | | | | | | | | | | | | MM / DD / YY | | | | | |  | | | |  | |
| Nombre del padre o tutor legal: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |  | | | | | | | |
|  | | | | | | | | | | Apellido paterno | | | | | | | | | | | | | | | | | | | | | | | | | | | Nombre | | | | | | | | | | | | | | | | | Inicial 2º nombre | | | | | | | | |  |
| Número de teléfono: | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | |
| Dirección: | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | |
|  | | | | | Calle y No. | | | | | | | | | | | | | | | | | | | | | Ciudad | | | | | | | | | | | | | | | | | | | | | | | Estado | | | | Código Postal | | | | | Condado de residencia | | | | | |
| Nombre del Coordinador de Servicios: | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Teléfono de Coordinador de Servicios: | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | Last / *Apellido paterno* | | | | | | | | | | | | | | | | | First / *Nombre* | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| Fecha de Inicio del IFSP: | | | | | | | |  | | | | | a | |  | | | | | | Fecha Final | | | | | | | | | | | | | Resultado #: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| (\*see instructions for date to use) | | | | | | | | MM / DD / YY | | | | |  | | MM / DD / YY | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
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| **Section 2: Travel Authorization Approval – to be Completed by EISC and Approved by Finance Officer**  ***Sección 2: Autorización aprobada de viajes – debe ser completado por el EISC y el agente financiero*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | State Mileage Rate / *Tarifa estatal por milla* | | | | | | | | | | Annual Family Service Percentage /Porcentaje anual de servicio familiar / AFSP | | | | | | |  | | Family’s Travel Rate/ *Tarifa de la familia* | | | | | | | | | | | | | Miles per Round Trip/ *Millas totales* | | | | | |  | | | | | # of Trips Authorized / *# de viajes aprobados* | | | | | | | Maximum Reimbursement / *Reembolso máximo* | | | | | | | |  | | | | |
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|  | | Estimated Other Travel Expenses (bus, taxi, etc.) / *Estimación de otros gastos* | | | | | | | | | | | | | | AFSP | | | # of Trips Authorized / *# de viajes aprobados* | | | | | | | | | | | | | | | | Maximum Reimbursement / *Reembolso máximo* | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| EISC Signature and Date / *Firma del coordinador de servicios & Fecha* | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Finance Officer Signature and Date / *Firma del agente financiero**& Fecha* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 3: Invoice for Transportation Services – to be Completed Monthly by Parent/Guardian**  ***Sección 3: Factura de Servicios de Transportación – debe ser completado mensualmente por los padres o tutor legal*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Para fines de reembolso, anote toda la información completa en la sección 3 y entrégala al EISC en el CDSA (dirección anotado anteriormente) ***antes el día 20 del mes cuando ocurrió los servicios. (Para los servicios que ocurrieran después del día 20,  entrega la factura el mes siguiente.)*** Puede obtener más formularios con su coordinador de servicios cuando sea necesario. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fecha del viaje:** | | | | | | **Lugar de destino (Favor de escribir legible y preciso)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total de millas recorridas o tipo de transporte** *(se requiere presentar recibos)* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Certifico que mi niño recibió servicios de transportación en los días y las horas anotados anteriormente.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Firma del padre o tutor legal | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Fecha mandada al EISC para el reembolso | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer**  ***Sección 4: Autorización del reembolso – debe completar el agente financiero*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Total Authorized Reimbursement | | | | | | | | | | | | | | | | | | | |  | | | | | | Finance Officer Signature Authorizing Reimbursement and Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |