|  |  |
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| *Mpango wa Infant-Toddler wa North Carolina* |       |
| *Uidhinishaji na Ankara ya Kurejesha Pesa za Usafiri* |
|  |
| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC) and Parent/Guardian:****Sehemu ya 1: Maelezo ya Jumla – yanapaswa Kujazwa na Msimamizi wa Huduma ya Uingiliaji wa Mapema (EISC) na Mzazi/Mlezi:** |
| CDSA Inayoidhinisha: |       | Anwani: |       |
| Anwani ya Posta: : |       |
| Jina la Mtoto: |       |       |    | Tarehe ya Kuzaliwa: |       | HIS ID #: |       |
|  | Mwisho | Kwanza | Herufi ya Kati | MM / TT / MM |  |  |
| Mzazi/Mlezi Aliyeidhinishwa Malipo: |       |       |    |  |
|  | Mwisho | Kwanza | Herufi ya Kati |  |
| Nambari ya Simu ya Mzazi/Mlezi: |       |  |  |  |
| Anwani ya Barua: |       |       |    |       |       |
|  | Mtaa | Jiji | Jimbo | Msimbo wa Eneo | Nchi Anayoishi |
| Jina la EISC: |       |       | Nambari ya Simu ya EISC: |       |
|  | Mwisho | Kwanza |  |  |
| Tarehe IIiyopidhinishwa Kuanza kwa IFSP: |        | hadi: |       | Tarehe ya Kumaliza | Nambari ya Matokeo ya IFSP: |       |
| (\*angalia maagizo ya tarehe ya kutumia) | MM / TT / MM |  | MM / TT / MM  |  |  |  |
|  |
| **Section 2: Travel Authorization Approval – to be Completed by EISC and Approved by Finance Officer:****Sehemu ya 2: Idhini ya Usafiri – inapaswa kujazwa na EISC na Kuidhinishwa na Afisa wa Fedha:** |
|  |       | **x** |       | **=** |       | **x** |       | **x** |     | **=**  |  $      |  |
|  | State Mileage Rate / *Bainisha Kiwango cha Umbali* | Annual Family Service Percentage/ Asilimia ya Huduma ya Familia ya Kila Mwaka / AFSP |  | Family’s Travel Rate / Usafiri wa Familia Kiwango | Miles per Round Trip / Maili kwa Safari ya Kwenda na Kurudi |  | # of Trips Authorized / Safari # Zimeidhinishwa |  | Maximum Reimbursement / Kiwango cha Juu cha Kurejeshewa Pesa |  |
|  | $      | **x** |       | **x** |       | **=** |  $      |  |
|  | Estimated Other Travel Expenses (bus, taxi, etc.) / Makadirio ya Gharama Nyingine ya Usafiri (basi, teksi, n.k.) |  | AFSP | # of Trips Authorized / Safari # Zimeidhinishwa | Maximum Reimbursement / Kiwango cha Juu cha Kurejeshewa Pesa |  |
|       |  |       |
| EISC Signature and Date / Saini na Tarehe ya EISC  |  | Finance Officer Signature and Date / Saini na Tarehe ya Afisa wa Fedha |
|  |
| **Section 3: Invoice for Transportation Services – to be Completed Monthly by Parent/Guardian:****Sehemu ya 3: Ankara ya Huduma za Usafiri - Ijazwe Kila Mwezi na Mzazi/Mlezi:** |
| Ili urejeshewe pesa, jaza Sehemu yote ya 3 na uwasilishe fomu hii kwa EISC yako katika CDSA (anwani iliyo hapo juu) ***kabla ya tarehe 20 ya mwezi ambao huduma ilitolewa. (Kwa huduma zinazotolewa baada ya tarehe 20, tuma ankara katika mwezi utakaofuata.)***Unaweza kupata fomu za ziada kutoka kwa EISC yako inapohitajika. |
| **Tarehe ya Kusafiri:** | **Mahali unakoenda** (tafadhali andika kwa herufi inayoonekana vizuri) | **Jumla ya Maili Uliyosafiri au Aina ya Usafiri** (stakabadhi iliyoambatishwa inahitajika) |
|       |       |       |
|       |       |       |
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| **Ninathibitisha kuwa mtoto wangu alipokea huduma za usafiri tarehe na saa zilizo hapo juu.** |
|       |  |       |
| Saini ya Mzazi/Mlezi |  | Tarehe Ilipotumwa kwa EISC kwa ajili ya Kurejeshewa Pesa |
|  |
| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer:****Sehemu ya 4: Uidhinishaji wa Kurejeshewa Pesa – Inapaswa Kujazwa na Afisa wa Fedha:** |
|  |  $      |  |  |       |
|  | Total Authorized Reimbursment / Jumla ya Pesa Unayorejeshewa Iliyoidhinishwa |  | Finance Officer Signature Authorizing Reimbursement and Date / Saini ya Afisa wa Fedha Anayeidhinisha Kurejeshewa Pesa na Tarehe |