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| *North Carolina Infant-Toddler Program* |       |
| *Transportation Reimbursement Authorization & Invoice* |
|  |
| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC ) and Parent/Guardian**: |
| Authorizing CDSA:  |       | Address: |       |
| Mailing Address: : |       |
| Child’s Name: |       |       |    | DOB: |       | HIS ID #: |       |
|  | Last | First | M.I | MM / DD / YY |  |  |
| Parent/Guardian Authorized for Payment: |       |       |    |  |
|  | Last | First | M.I. |  |
| Parent/Guardian Phone Number: |       |  |  |  |
| Mailing Address: |       |       |    |       |       |
|  | Street | City | State | Zip Code | County of Residence |
| EISC’s Name: |       |       | EISC’s Phone Number: |       |
|  | Last | First |  |  |
| IFSP Authorized Start Date: |        | to |       | End Date | IFSP Outcome Number: |       |
| (\*see instructions for date to use) | MM / DD / YY |  | MM / DD / YY  |  |  |  |
|  |
| **Section 2: Travel Authorization Approval – to be Completed by EISC and Approved by Finance Officer** |
|  |       | **x** |       | **=** |       | **x** |       | **x** |     | **=**  |  $      |  |
|  | State Mileage Rate | Annual Family Service Percentage (AFSP) |  | Family’s Travel Rate | Miles per Round Trip |  | # of Trips Authorized | Maximum Reimbursement |  |
|  | $      | **x** |       | **x** |       | **=** |  $      |  |
|  | Estimated Other Travel Expenses (bus, taxi, etc.) |  | AFSP | # of Trips Authorized | Maximum Reimbursement |  |
|       |  |       |
| EISC Signature and Date |  | Finance Officer Signature and Date |
|  |
| **Section 3: Invoice for Transportation Services – to be Completed Monthly by Parent/Guardian** |
| For reimbursement, complete all of Section 3 and submit this form to your EISC at the CDSA (address above) ***no later than the 20th of the month in which the service occurred. (For services provided after the 20th, submit invoice in the following month.)***You may obtain additional forms from your EISC as needed. |
| **Travel Date:** | **Destination** (please print legibly) | **Total Miles Traveled or Type of Transportation** (attached receipt required) |
|       |       |       |
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| **I certify that my child received transportation services on the above dates and times.** |
|       |  |       |
| Parent/Guardian’s Signature |  | Date Sent to EISC for Reimbursement |
|  |
| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer** |
|  |  $      |  |  |       |
|  | Total Authorized Reimbursement |  | Finance Officer Signature Authorizing Reimbursement and Date |