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| *North Carolina Infant-Toddler Program* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| *Transportation Reimbursement Authorization & Invoice* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
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| **Section 2: Travel Authorization Approval – to be Completed by EISC and Approved by Finance Officer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | State Mileage Rate | | | | | | | | | Annual Family Service Percentage (AFSP) | | | | | | | |  | | Family’s Travel Rate | | | | | | | | | Miles per Round Trip | | | | |  | | # of Trips Authorized | | | | | | Maximum Reimbursement | | | | | |  | | | | | | | | | | | |
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|  | | | | | | | | Estimated Other Travel Expenses (bus, taxi, etc.) | | | | | | |  | | AFSP | | | | | | # of Trips Authorized | | | | | | | | | Maximum Reimbursement | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| EISC Signature and Date | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Finance Officer Signature and Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Parent/Guardian’s Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Date Sent to EISC for Reimbursement | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Total Authorized Reimbursement | | | | | | | | | | | | | | | | | |  | | Finance Officer Signature Authorizing Reimbursement and Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |