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| *北卡羅來納州嬰幼兒計畫  (North Carolina Infant-Toddler Program, NC ITP)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| *交通費報銷授權及發票* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **第 1 節：一般資訊 - 由早期療育服務協調員 (EISC) 和家長/監護人填寫：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 授權 CDSA： | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 地址： | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 郵寄地址： | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 兒童姓名： | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | 出生日期： | | | | | |  | | | | | | HIS ID 號碼： | | | | | | | |  |
|  | | 姓氏 | | | | | | | | | | | | | | | | | | | | | | | | | 名字 | | | | | | | | | 中間名縮寫 | | | | | | | | | | | | | | 月/日/年 | | | | | | | | |  | |  | |
| 授權付款的家長/監護人： | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |
|  | | | | | | | | | | | | 姓氏 | | | | | | | | | | | | | | | | | | | | 名字 | | | | | | | | | | | | | | | 中間名縮寫 | | | | | | | | |  | | | | | | |
| 家長/監護人電話號碼： | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| 郵寄地址： | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | |
|  | | | 街道 | | | | | | | | | | | | | | | | | | | | | | | | | 城市 | | | | | | | | | | | | | | | | | | | | | 州 | | | | 郵遞區號 | | | | | | 居住縣市 | | | |
| EISC 名稱： | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | EISC 電話號碼： | | | | | | | | | | | | | |  | | | | |
|  | | 姓氏 | | | | | | | | | | | | | | | | | | | | | | | | 名字 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |
| IFSP 授權開始日期： | | | | | | | | |  | | | | | | | 至 | | |  | | | | | | | 結束日期 | | | | | | | | | | | | | | | IFSP 結果編號： | | | | | | | | | | | | | | | | | | |  | | |
| （\* 請參閱使用日期說明） | | | | | | | | | 月/日/年 | | | | | | |  | | | 月/日/年 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
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| **第 2 節：旅行授權核准 - 由 EISC 填寫並由財務主管核准** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 州里程費率 | | | | | | | 年度家庭服務百分比 (Annual Family Service Percentage, AFSP) | | | | | | | | | |  | | 家庭行程費率 | | | | | | | | | | 每次往返里程 | | | | |  | | | 核准的行 程次數 | | | | | | | 最高報銷額 | | | | | |  | | | | | | | | | | | |
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| EISC 簽名及日期 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 財務主管簽名及日期 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **第 3 節：交通服務發票 - 由家長/監護人每月填寫** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 如需申請報銷，請填妥第 3 部分的所有內容，並於***服務發生當月的 20 日之前***將此表格提交至 CDSA 的 EISC （地址如上）。***（如服務提供日期為每月 20 號之後，請於次月提交發票。）***  您可以視需要向您的 EISC 索取額外表格。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **旅行日期：** | | | | | **目的地**（請工整書寫） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **總行程里程或交通工具類型**（需附上收據） | | | | | | | | | | | | | | | | | | | | | | |
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| **我證明我的孩子在上述日期和時間接受了交通服務。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 家長/監護人簽名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 送交 EISC 報銷日期 | | | | | | | | | | | | | | | | | | | | | | | |
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| **第 4 節：報銷授權 - 由財務主管填寫** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | 總授權報銷金額 | | | | | | | | | | | | | | | | | |  | | | 財務主管簽名核准報銷及日期 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |