|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *北卡罗来纳州婴幼儿计划* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| *交通报销授权和发票* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC) and Parent/Guardian**  **第 1 节：一般信息——由早期干预服务协调员 (EISC) 和父母/监护人填写** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 授权 CDSA： | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 地址： | | | | | | | | | |  | | | | | | | | | | | | | |
| 邮寄地址：： | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 儿童姓名： | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | 出生日期： | | |  | | | HIS ID #： | | | | | |  | |
|  | | | | 姓 | | | | | | | | | | | | | | | | | 名 | | | | | | | | | | | | | | | | | | | 中名 | | | | | | | 年月日 | | | | | | |  |  | | |
| 授权付款的父母/监护人： | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |  | | | | | | | | | | |
|  | | | | | | | | | | | | | 姓 | | | | | | | | | | | | | | | | | | | | 名 | | | | | | | | | | | | | | 中名 | | | |  | | | | | | |
| 父母/监护人电话号码： | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 邮寄地址： | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | | |
|  | | | | | | 街道 | | | | | | | | | | | | | | | | | | | 城市 | | | | | | | | | | | | | | | 州 | | | | | 邮编 | | | | | 居住地县 | | | | | | | |
| EISC 的姓名： | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | EISC 的电话号码： | | | | | | | | | |  | | | | |
|  | | | | | 姓 | | | | | | | | | | | | | | | | | | | | | | | | | | 名 | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
| IFSP 授权开始日期： | | | | | | | | | |  | | | | | | | 至 |  | | | | | | | | | 结束日期 | | | | | | | | | | | | | | | | | IFSP 结果编号： | | | | | | | | | | | |  | |
| (\*see instructions for date to use) | | | | | | | | | | 年月日 | | | | | | |  | 年月日 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2: Travel Authorization Approval – to be Completed by EISC and Approved by Finance Officer**  **第 2 节：旅行授权批准——由 EISC 填写、财务官批准** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | **x** | | | | | |  | | | | | | | | **=** | |  | | | | **x** | | | | | | |  | | | | | | | | | | | **x** |  | | | | **=** | $ | | | | | | | | | |  |
|  | | State Mileage Rate*/州旅费率* | | | | | | | Annual Family Service Percentage*/年度家庭服务比例* (AFSP) | | | | | | | |  | | Family’s Travel Rate/*家庭旅费率* | | | | | | | | | | | Miles per Round Trip*/往返里程* | | | | | | | | | | |  | # of Trips Authorized/授权行程数 | | | | | Maximum Reimbursement/最高报销额 | | | | | | | | | |  |
|  | $ | | | | | | | | | | | | | **x** | |  | | | | **x** | | | |  | | | | | **=** | | | | | | | $ | | | | | | | |  | | | | | | | | | | | | | |
|  | Estimated Other Travel Expenses (bus, taxi, etc.)/ *预计其他旅费（公交车、出租车等）* | | | | | | | | | | | | | |  | AFSP | | | | | | # of Trips Authorized/授权行程数 | | | | | | | | | | | | | | Maximum Reimbursement/最高报销额 | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EISC 签名和日期 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | 财务官签名和日期 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 3: Invoice for Transportation Services – to be Completed Monthly by Parent/Guardian**  **第 3 节：交通服务发票——由父母/监护人每月填写** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 对于报销，请填写全部第 3 节，并***在服务发生当月的 20 日之前***将此表格提交给 CDSA（地址见上文）的 EISC。***（对于 20 日之后提供的服务，请在下个月提交发票。）*** 您可以根据需要从 EISC 获得额外的表格。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **旅行日期：** | | | | | | | | **目的地**（请用正楷体清晰书写） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **旅行总里程或交通类型**（需附收据） | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **本人证明，本人的孩子在上述日期和时间接受了交通服务。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
| 家长/监护人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | 发送给 EISC 进行报销的日期 | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer**  **第 4 节：报销授权——财务官填写** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | $ | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Total Authorized Reimbursement/授权报销总额 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Finance Officer Signature Authorizing Reimbursement and Date/ *财务官签字授权报销和日期* | | | | | | | | | | | | | | | | | | | | | | | | | | |