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| *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） |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |
|       |       |       |
| **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* |