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| *Mpango wa Infant-Toddler wa North Carolina* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| *Uidhinishaji na Ankara ya Kurejesha Pesa za Usafiri* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC) and Parent/Guardian:**  **Sehemu ya 1: Maelezo ya Jumla – yanapaswa Kujazwa na Msimamizi wa Huduma ya Uingiliaji wa Mapema (EISC) na Mzazi/Mlezi:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDSA Inayoidhinisha: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Anwani: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Anwani ya Posta: : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jina la Mtoto: | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | Tarehe ya Kuzaliwa: | | | | | | |  | | | | | HIS ID #: | | | | | | |  |
|  | | | | Mwisho | | | | | | | | | | | | | | | | | Kwanza | | | | | | | | | | | | | | | | | | Herufi ya Kati | | | | | | | | | MM / TT / MM | | | | | | |  | | | | |  |
| Mzazi/Mlezi Aliyeidhinishwa Malipo: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |
|  | | | | | | | | | | Mwisho | | | | | | | | | | | | | | | | | | | Kwanza | | | | | | | | | | | | | | | | | | | | | Herufi ya Kati | | | | | | | | |  | |
| Nambari ya Simu ya Mzazi/Mlezi: | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Anwani ya Barua: | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |  | | | | | | | |  | | | | | | |
|  | | | | | | | | | | Mtaa | | | | | | | | | | | | | | | | | Jiji | | | | | | | | | | | | | | | | | Jimbo | | Msimbo wa Eneo | | | | | | | | Nchi Anayoishi | | | | | | |
| Jina la EISC: | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Nambari ya Simu ya EISC: | | | | | | | | |  | | | | | | | | | |
|  | | | Mwisho | | | | | | | | | | | | | | | | | | | | | | Kwanza | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |
| Tarehe IIiyopidhinishwa Kuanza kwa IFSP: | | | | | | | | | | | | | |  | | | | | | hadi: | | |  | | | | | | | | | Tarehe ya Kumaliza | | | | | | | | | | Nambari ya Matokeo ya IFSP: | | | | | | | | | | | | | |  | | | | |
| (\*angalia maagizo ya tarehe ya kutumia) | | | | | | | | | | | | | | MM / TT / MM | | | | | |  | | | MM / TT / MM | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |
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| **Section 2: Travel Authorization Approval – to be Completed by EISC and Approved by Finance Officer:**  **Sehemu ya 2: Idhini ya Usafiri – inapaswa kujazwa na EISC na Kuidhinishwa na Afisa wa Fedha:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | State Mileage Rate / *Bainisha Kiwango cha Umbali* | | | | | | | | Annual Family Service Percentage/ Asilimia ya Huduma ya Familia ya Kila Mwaka / AFSP | | | | | | | |  | Family’s Travel Rate / Usafiri wa Familia Kiwango | | | | | | | | Miles per Round Trip / Maili kwa Safari ya Kwenda na Kurudi | | | | | | | | | |  | | # of Trips Authorized / Safari # Zimeidhinishwa | | | | | | |  | | Maximum Reimbursement / Kiwango cha Juu cha Kurejeshewa Pesa | | | | | | | | | |  | | | |
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|  | | Estimated Other Travel Expenses (bus, taxi, etc.) / Makadirio ya Gharama Nyingine ya Usafiri (basi, teksi, n.k.) | | | | | | | | | | | | |  | AFSP | | | | | | # of Trips Authorized / Safari # Zimeidhinishwa | | | | | | | | | | Maximum Reimbursement / Kiwango cha Juu cha Kurejeshewa Pesa | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| EISC Signature and Date / Saini na Tarehe ya EISC | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Finance Officer Signature and Date / Saini na Tarehe ya Afisa wa Fedha | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 3: Invoice for Transportation Services – to be Completed Monthly by Parent/Guardian:**  **Sehemu ya 3: Ankara ya Huduma za Usafiri - Ijazwe Kila Mwezi na Mzazi/Mlezi:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ili urejeshewe pesa, jaza Sehemu yote ya 3 na uwasilishe fomu hii kwa EISC yako katika CDSA (anwani iliyo hapo juu) ***kabla ya tarehe 20 ya mwezi ambao huduma ilitolewa. (Kwa huduma zinazotolewa baada ya tarehe 20, tuma ankara katika mwezi utakaofuata.)*** Unaweza kupata fomu za ziada kutoka kwa EISC yako inapohitajika. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tarehe ya Kusafiri:** | | | | | | | | | | **Mahali unakoenda** (tafadhali andika kwa herufi inayoonekana vizuri) | | | | | | | | | | | | | | | | | | | | | | | | | | | **Jumla ya Maili Uliyosafiri au Aina ya Usafiri** (stakabadhi iliyoambatishwa inahitajika) | | | | | | | | | | | | | | | | | | | | | | | |
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| **Ninathibitisha kuwa mtoto wangu alipokea huduma za usafiri tarehe na saa zilizo hapo juu.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Saini ya Mzazi/Mlezi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Tarehe Ilipotumwa kwa EISC kwa ajili ya Kurejeshewa Pesa | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer:**  **Sehemu ya 4: Uidhinishaji wa Kurejeshewa Pesa – Inapaswa Kujazwa na Afisa wa Fedha:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | Total Authorized Reimbursment /  Jumla ya Pesa Unayorejeshewa Iliyoidhinishwa | | | | | | | | | | | | | | | | | | | | | | |  | | | Finance Officer Signature Authorizing Reimbursement and Date /  Saini ya Afisa wa Fedha Anayeidhinisha Kurejeshewa Pesa na Tarehe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |