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| ***ﺑرﻧﺎﻣﺞ وﻻﯾﺔ كارولينا الشمالية ﻟﻸطﻔﺎل اﻟرﺿﻊ واﻷطﻔﺎل اﻟﺻﻐﺎر*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| *تفويض واستمارة استرداد تكاليف النقل* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **القسم 1: المعلومات العامة - يتم تعبئتها من قبل منسق خدمة التدخل المبكر (EISC) والوالد/الوصي**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorizing CDSA: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Address: | | | | |  | | | | | | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | DOB: |  | | HIS ID #: | | | |  |
|  | | | Last | | | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | M.I | | | | MM / DD / YY | | | | | |  |
| الوالد/الوصي المصرح له بالدفع: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | اسم العائلة | | | | | | | | | | | | | | | | | | | الاسم الأول | | | | | | | | | | | | | | | الاسم الأوسط | | | | | | |
| رقم هاتف الوالد/الوصي: | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| العنوان البريدي: | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |  | | | |  | | |
|  | | الشارع | | | | | | | | | | | | | | | | | | | | | | المدينة | | | | | | | | | | | | | | | | | الولاية | | الرمز البريدي | | | | المقاطعة التي يقيم بها | | |
| اسم EISC: |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | رقم هاتف EISC: | | | | | | | |  | | | | |
|  | Last | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
| تاريخ بدء التفويض وفقًا لخطة الخدمة العائلية الفردية (IFSP): | | | | | | | | |  | | | | إلى | | |  | | | | | | | تاريخ الانتهاء | | | | | | | | | | | | رقم النتيجة في خطة IFSP: | | | | | | | | | | | | |  | |
| (\*راجع التعليمات لمعرفة تاريخ الاستخدام) | | | | | | | | | شهر / يوم / سنة | | | |  | | | شهر / يوم / سنة | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  |
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| **Section 2: Travel Authorization Approval – to be Completed by EISC and Approved by Finance Officer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | **x** | | | |  | | | | | **=** | |  | | | | | | **x** | | |  | | | | | **x** | |  | | | **=** | | $ | | | | | |  | | | | | |
|  | State Mileage Rate | | | | | | | | | Annual Family Service Percentage (AFSP) | | | | |  | | Family’s Travel Rate | | | | | | | | | Miles per Round Trip | | | | |  | | # of Trips Authorized | | | | | Maximum Reimbursement | | | | | |  | | | | | |
|  | | | | | | | $ | | | | **x** | | |  | | | | | **x** | | |  | | | | | **=** | | $ | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | Estimated Other Travel Expenses (bus, taxi, etc.) | | | |  | | AFSP | | | | | | # of Trips Authorized | | | | | | | | | Maximum Reimbursement | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
| EISC Signature and Date | | | | | | | | | | | | | | | | | | | | | | | | |  | | Finance Officer Signature and Date | | | | | | | | | | | | | | | | | | | | | | |
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| **القسم 3: فاتورة خدمات النقل - يتم تعبئتها شهريًا من قبل الوالد/الوصي** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| للحصول على المبلغ المسترد، قم بإكمال القسم 3 بالكامل وقدم هذا النموذج إلى EISC الخاص بك في CDSA (العنوان أعلاه) ***في موعد أقصاه*** ***اليوم*** العشرين ***من الشهر الذي تم فيه تقديم الخدمة. (بالنسبة للخدمات التي قُدِّمت بعد اليوم العشرين، يُرجى تقديم الفاتورة في الشهر التالي).*** يمكنك الحصول على نماذج إضافية من EISC حسب الحاجة. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **تاريخ السفر:** | | | | **الوجهة** (يرجى الكتابة بخط واضح) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **إجمالي الأميال المقطوعة أو نوع النقل** (يُطلب إرفاق الإيصال) | | | | | | | | | | | | | | | |
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| **أُقر بأن طفلي قد حصل على خدمات النقل في التواريخ والأوقات المذكورة أعلاه.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| توقيع الوالد/الوصي | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | تاريخ الإرسال إلى EISC لاسترداد المبلغ | | | | | | | | | | | | | | | |
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| **القسم 4: تفويض السداد - يتم تعبئته من قبل المسؤول المالي** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | دولار | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | إجمالي مبلغ التعويض المعتمد | | | | | | | | | | | | | | |  | | | توقيع المسؤول المالي المُخوّل بالموافقة على التعويض وتاريخه | | | | | | | | | | | | | | | | | | | | | | | | | | | | |