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| *မြောက်ကာရိုလိုင်းနား မွေးကင်းစ-လမ်းလျှောက်တတ်စကလေး အစီအစဉ်* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| *အကြိုအပို့ ပြန်အမ်းငွေ ခွင့်ပြုချက်နှင့် ပြေစာ* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **အပိုင်း 1- အထွေထွေအချက်အလက်များ - အစောပိုင်းကြားဖြတ်ဆောင်ရွက်မှု ဝန်ဆောင်မှုညှိနှိုင်းရေးမှူး (EISC) နှင့် မိဘ/အုပ်ထိန်းသူက ဖြည့်စွက်ရမည်-** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorizing CDSA: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: : | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | DOB: | | |  | | | | | | | | HIS ID #: | | | |  |
|  | | | Last | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | M.I | | | | | | MM / DD / YY | | | | | | | | |  | |  | |
| ငွေပေးချေခွင့်ပြုထားသော မိဘ/အုပ်ထိန်းသူ- | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
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| မိဘ/အုပ်ထိန်းသူ ဖုန်းနံပါတ်– | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| စာပို့လိပ်စာ- | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | |
|  | | | | လမ်း | | | | | | | | | | | | | | | | | | | | | | | | | | မြို့တော် | | | | | | | | | | | | | | | | | | | | | ပြည်နယ် | | | | | စာပို့ကုဒ် | | | | | | နေထိုင်ရာ ခရိုင် | | | |
| EISC ၏ အမည်- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | EISC ၏ ဖုန်းနံပါတ်- | | | | | | | | | | | | | | |  | | | | | |
|  | | Last | | | | | | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | |
| IFSP ခွင့်ပြုထားသည့် စတင်သည့်နေ့- | | | | | | | | | | | | | |  | | | | | | | သို့ | | | | |  | | | | | | | | | | | အဆုံးသတ်ရက်စွဲ | | | | | | | | | | | | IFSP ရလဒ်နံပါတ်- | | | | | | | | | | | | | |  | | |
| (\*အသုံးပြုမည့်ရက်စွဲအတွက် ညွှန်ကြားချက်များကိုကြည့်ပါ) | | | | | | | | | | | | လ / ရက် / နှစ် | | | | | | | | | |  | | | | လ / ရက် / နှစ် | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
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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 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| EISC Signature and Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Finance Officer Signature and Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **အပိုင်း 3- အကြိုအပို့ဝန်ဆောင်မှုများအတွက် ပြေစာ - မိဘ/အုပ်ထိန်းသူမှ လစဉ် ဖြည့်စွက်ရမည်** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ပြန်အမ်းငွေအတွက် အပိုင်း 3 အားလုံးကို ဖြည့်ပြီး ***ဝန်ဆောင်မှု ဖြစ်ပေါ်ခဲ့သည့်လ 20 ရက်နေ့ထက် နောက်မကျဘဲ*** သင့် EISC (အထက်ပါလိပ်စာ) တွင် ဤဖောင်ကို တင်သွင်းပါ။ ***(20 ရက်နေ့နောက်ပိုင်း ဝန်ဆောင်မှုများအတွက် နောက်လတွင် ပြေစာပေးပို့ပါ။)*** လိုအပ်ပါက သင်၏ EISC မှ အခြားပုံစံများကို ရယူနိုင်ပါသည်။ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ခရီးသွားရက်စွဲ–** | | | | | **ခရီးပန်းတိုင်** (ကျေးဇူးပြု၍ ဖတ်ရှုနိုင်အောင် ပုံနှိပ်ပါ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ခရီးမိုင် စုစုပေါင်း သို့မဟုတ် အပို့အကြို အမျိုးအစား** (ပြေစာတွဲပေးရန် လိုသည်) | | | | | | | | | | | | | | | | | | | | | | | |
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| **ကျွန်ုပ်၏ကလေးသည် အထက်ပါရက်စွဲများနှင့် အချိန်များတွင် အပို့အကြိုဝန်ဆောင်မှုများကို လက်ခံရရှိကြောင်း ကျွန်ုပ်အတည်ပြု ပါသည်။** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| မိဘ/အုပ်ထိန်းသူ၏ လက်မှတ် | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | ငွေပြန်ထုတ်ပေးရန် EISC သို့ ပေးပို့သည့်ရက်စွဲ | | | | | | | | | | | | | | | | | | | | | | | | |
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| **အပိုင်း 4- ငွေပြန်ထုတ်ပေးခြင်း ခွင့်ပြုချက် - ဘဏ္ဍာရေး အရာရှိက ဖြည့်စွက်ရန်** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | ခွင့်ပြုထားသော ပြန်ထုတ်ပေးငွေစုစုပေါင်း | | | | | | | | | | | | | | | | | | | | | | |  | | | | ငွေပြန်ထုတ်ပေးခြင်းနှင့် ရက်စွဲကို ခွင့်ပြုထားသည့် ဘဏ္ဍာရေး အရာရှိလက်မှတ် | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |