

For Counties Other Than Bronx, Kings, New York, Queens, Richmond,
Nassau, Suffolk, Westchester, Putnam and Rockland

HSE/TASC™ Testing Center Reimbursement Form-Upstate

TSA:		
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Contract No.		TestCenter No.	
Agency Name:		Center Name:	
Mailing Address:		Address:	
City, State, Zip		City, State, Zip	

Report Prepared by:

Signature:	
Print Name:	Title:
Telephone No.	E-mail:

Language	Initial # of Approved Seats	Current Seat Balance	# of Seats Used in this Session	# of Seats Remaining
English				
Spanish				

A. Regular Testing Reimbursement

Full & Partial Testers		\$25/tester	
Small Group (<10)		\$225/session	

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Test Date _____

B. Modified Testing Reimbursement			
Modified Full/Small Group			\$225.00
Modified Full (3-5subtests) 1:1ratio			\$200.00
Modified Full Extended Time (1.25x)			\$250.00
Modified Full Extended Time(1.5x)			\$300.00
Modified Full Extended Time (2x)			\$400.00
Modified Partial test (1-2 subtests)			\$100.00
Modified Partial Extended Time (1.25x)			\$125.00
Modified Partial Extended Time(1.5x)			\$150.00
Modified Partial Extended Time(2x)			\$200.00
Modified Full/Small Group			\$225.00
Modified Full (3-5subtests) 1:1ratio			\$200.00
Modified Full Extended Time (1.25x)			\$250.00
Modified Full Extended Time (1.5x)			\$300.00
Modified Full Extended Time (2x)			\$400.00
Modified Partial tester (1-2 subtests)			\$100.00
Modified Partial Extended Time (1.25x)			\$125.00
Modified Partial Extended Time(1.5x)			\$150.00
Modified Partial Extended Time (2x)			\$200.00
			Sub-total

Summary Reimbursement Table	
Sub-total A. Regular Testing Reimbursement	\$
Sub-total B. Modified Testing Reimbursement	\$
Total Testing Reimbursement (A + B)	\$

Contract Tracking Table			
Initial Contract Amount	Current Balance	Amount Requested this test session	Amount Remaining
\$	\$	\$	\$