

For Bronx, Kings, New York, Queens, Richmond and
Nassau, Suffolk, Westchester, Putnam and Rockland TSAs
HSE/TASC™ Test Center Reimbursement Form-Downstate

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

Form 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				

Section A: Regular Test Reimbursement

English Reimbursement	Number Tested		Rate	Reimbursement
	PBT	CBT		
Full & Partial Examinees			\$25/examinee	
Small Group (<9)			\$225/session	
Spanish Reimbursement	Number Tested		Rate	Reimbursement
	PBT	CBT		
Full & Partial Examinees			\$25/examinee	
Small Group (<9)			\$225/session	
			Sub-total	

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Test Date _____

Section B. Accommodated Test Reimbursement			
English Reimbursement	Number Tested		Rate per Session
Accommodated Full/Small Group			\$225.00
Accommodated Full (3-5subtests) 1:1 ratio			\$225.00
Accommodated Full Extended Time (1.25x)			\$281.00
Accommodated Full Extended Time (1.5x)			\$338.00
Accommodated Full Extended Time (2x)			\$450.00
Accommodated Partial (1-2 subtests) 1:1 ratio			\$113.00
Accommodated Partial Extended Time(1.25x)			\$141.00
Accommodated Partial Extended Time (1.5x)			\$169.00
Accommodated Partial Extended Time (2x)			\$225.00
Spanish Reimbursement	Number Tested		Rate per Session
Accommodated Full/Small Group			\$225.00
Accommodated Full (3-5subtests) 1:1 ratio			\$225.00
Accommodated Full Extended Time (1.25x)			\$281.00
Accommodated Full Extended Time (1.5x)			\$338.00
Accommodated Full Extended Time (2x)			\$450.00
Accommodated Partial (1-2 subtests)1:1 ratio			\$113.00
Accommodated Partial Extended Time (1.25x)			\$141.00
Accommodated Partial Extended Time (1.5x)			\$169.00
Accommodated Partial Extended Time (2x)			\$225.00
			Sub-total

Summary Reimbursement Table	
Sub-total: A. Regular Test Reimbursement	\$
Sub-total: B. Accommodated Test Reimbursement	\$
Total Test Reimbursement (Sect. A + B)	\$

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