

**For Nassau, Suffolk, Westchester, Putnam and Rockland Counties  
HSE/TASC™ Testing Center Reimbursement Form (ROS)**

Center #	Center Name and Address	Contract Holder and Address
		<b>COUNTY:</b>

TASC™ Coordinator/Examiner (Please Print Name) \_\_\_\_\_

TASC™ Coordinator/Examiner (Signature) \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Test Date \_\_\_\_\_

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

**Regular Testing Reimbursement**

English Reimbursement	Number Tested		Amount Per Tester	Total Regular Testing Reimbursement
Full Tester			\$20.00	
Fewer than 10 Testers in Session			\$225.00 (Per Session)	

Spanish Reimbursement	Number Tested		Amount Per Tester	Total Regular Testing Reimbursement
Full Tester			\$20.00	
Fewer than 10 Testers in Session			\$225.00 (Per Session)	

**Total Regular Testing Reimbursement    A.**

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# Modified Testing Reimbursement

Test Date \_\_\_\_\_

English Reimbursement	Number Tested	Amount Per Test Session	Total Modified Testing Reimbursement
Modified Full (3-5 subtests)		\$225.00	
Modified Full Extended (1 1/2x)		\$337.50	
Modified Full Extended (2x)		\$450.00	
Modified Partial (1-2 subtests)		\$112.50	
Modified Partial Extended (1 1/2x)		\$168.75	
Modified Partial Extended (2x)		\$225.00	

Spanish Reimbursement	Number Tested	Amount Per Test Session	Total Modified Testing Reimbursement
Modified Full (3-5 subtests)		\$225.00	
Modified Full Extended (1 1/2x)		\$337.50	
Modified Full Extended (2x)		\$450.00	
Modified Partial (1-2 subtests)		\$112.50	
Modified Partial Extended (1 1/2x)		\$168.75	
Modified Partial Extended (2x)		\$225.00	

**Total Modified Testing Reimbursement B.**

**Total Regular Testing Reimbursement**

**A.**

**Total Modified Testing Reimbursement**

**B.**

**TOTAL TESTING REIMBURSEMENT**

**REQUESTED**

**(A + B)**

**C.**

Initial Amount Approved	Current Balance	Amount Submitted this Test Session	Amount Remaining
\$	\$	\$	\$