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

Center #	Center Name and Address	Contract Holder Name and Address
		COUNTY:

Regular Testing Reimbursement

HSE/TASC™ Coordinator/Examiner (Please Print Name) _____

HSE/TASC™ Examiner (Signature) _____

Contact Phone Number_____

Test Date _____

Language	Initial # of Approved Seats	Current Seat Balance	# of Seats Used this Test 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. | |

Modified Testing Reimbursement

Test Date _____

English Reimbursement	Number Tested		Amount Per Test Session	Total Modified Testing Reimbursement
Modified Full (3-5 subtests)			$200.00	
Modified Full Extended (1 1/2x)			$300.00	
Modified Full Extended (2x)			$400.00	
Modified Partial (1-2 subtests)			$100.00	
Modified Partial Extended (1 1/2x)			$150.00	
Modified Partial Extended (2x)			$200.00	

Spanish Reimbursement	Number Tested		Amount Per Test Session	Total Modified Testing Reimbursement
Modified Full (3-5 subtests)			$200.00	
Modified Full Extended (1 1/2x)			$300.00	
Modified Full Extended (2x)			$400.00	
Modified Partial (1-2 subtests)			$100.00	
Modified Partial Extended (1 1/2x)			$150.00	
Modified Partial Extended (2x)			$200.00	

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
$	$	$	$