

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

TSA:		Test Dates:
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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

English Reimbursement	Number Tested		Rate	Reimbursement
	PBT	CBT		
Full & Partial Testers			\$25/tester	
Small Group (<10)			\$225/session	
Spanish Reimbursement	Number Tested		Rate	Reimbursement
	PBT	CBT		
Full & Partial Testers			\$25/tester	
Small Group (<10)			\$225/session	
			Sub-total	

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Test Date _____

B. Modified Testing Reimbursement				
English Reimbursement	Number Tested		Rate	Reimbursement
Modified Full (3-5subtests)			\$225.00	
Modified Full Extended Time (1.25x)			\$281.25	
Modified Full Extended Time (1.5x)			\$337.50	
Modified Full Extended Time (2x)			\$450.00	
Modified Partial tester (1-2 subtests)			\$112.50	
Modified Partial Extended Time(1.25x)			\$140.62	
Modified Partial Extended Time (1.5x)			\$168.75	
Modified Partial Extended Time (2x)			\$225.00	
Spanish Reimbursement	Number Tested		Rate	Reimbursement
Modified Full (3-5subtests)			\$225.00	
Modified Full Extended Time (1.25x)			\$281.25	
Modified Full Extended Time (1.5x)			\$337.50	
Modified Full Extended Time (2x)			\$450.00	
Modified Partial test (1-2 subtests)			\$112.50	
Modified Partial Extended Time (1.25x)			\$140.62	
Modified Partial Extended Time (1.5x)			\$168.75	
Modified Partial Extended Time (2x)			\$225.00	
			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
\$	\$	\$	\$