

**For Counties Other Than Nassau, Suffolk, Westchester, Putnam
and Rockland
GED Testing Center Reimbursement Form (ROS)**

Center #	Center Name and Address	Contract Holder and Address
001	Your Center Name here	Your Contract Holder Name and Address COUNTY:

Chief Examiner (Please Print Name) _____ John Doe _____

Chief Examiner (Signature) _____

Contact Phone Number _____ (518) 555-1212 _____

Test Date _____ 7/15-16/2008 _____

Language	Initial # of Approved Seats	Current Seat Balance	# of Seats Used this Test Session	# of Seats Remaining
English	1500	1500	200	1300
Spanish	400	400	50	350
French	0	0	0	0

Regular Testing Reimbursement

English Reimbursement	Number Tested	Amount Per Tester	Total Regular Testing Reimbursement
Full Tester	182	\$20.00	\$3,000.00
Fewer than 10 Testers in Session	8	\$225.00 (Per Session)	\$225.00

Spanish Reimbursement	Number Tested	Amount Per Tester	Total Regular Testing Reimbursement
Full Tester	45	\$20.00	\$700.00
Fewer than 10 Testers in Session	5	\$225.00 (Per Session)	\$225.00

French Reimbursement	Number Tested	Amount Per Tester	Total Regular Testing Reimbursement
Full Tester	-0-	\$20.00	-0-
Fewer than 10 Testers in Session	-0-	\$225.00 (Per Session)	-0-

Total Regular Testing Reimbursement A.

\$4,990.00

Modified Testing Reimbursement

Test Date _____

English Reimbursement	Number Tested	Amount Per Test Session	Total Modified Testing Reimbursement
Modified Full (3-5 subtests)	5	\$200.00	\$200.00
Modified Full Extended (1 1/2x)	-0-	\$300.00	-0-
Modified Full Extended (2x)	3	\$400.00	\$400.00
Modified Partial (1-2 subtests)	2	\$100.00	\$100.00
Modified Partial Extended (1 1/2x)	-0-	\$150.00	-0-
Modified Partial Extended (2x)	-0-	\$200.00	-0-

Spanish Reimbursement	Number Tested	Amount Per Test Session	Total Modified Testing Reimbursement
Modified Full (3-5 subtests)	-0-	\$200.00	-0-
Modified Full Extended (1 1/2x)	-0-	\$300.00	-0-
Modified Full Extended (2x)	-0-	\$400.00	-0-
Modified Partial (1-2 subtests)	-0-	\$100.00	-0-
Modified Partial Extended (1 1/2x)	-0-	\$150.00	-0-
Modified Partial Extended (2x)	-0-	\$200.00	-0-

French Reimbursement	Number Tested	Amount Per Test Session	Total Modified Testing Reimbursement
Modified Full (3-5 subtests)	-0-	\$200.00	-0-
Modified Full Extended (1 1/2x)	-0-	\$300.00	-0-
Modified Full Extended (2x)	-0-	\$400.00	-0-
Modified Partial (1-2 subtests)	-0-	\$100.00	-0-
Modified Partial Extended (1 1/2x)	-0-	\$150.00	-0-
Modified Partial Extended (2x)	-0-	\$200.00	-0-

Total Modified Testing Reimbursement B. \$700.00

Total Regular Testing Reimbursement A. \$4,990.00

Total Modified Testing Reimbursement B. \$700.00

TOTAL TESTING REIMBURSEMENT REQUESTED (A + B) C. \$5,690.00

Initial Amount Approved	Current Balance	Amount Submitted this Test Session	Amount Remaining
\$38,000.00	\$38,000.00	\$5,690.00	\$32,310.00