#### **◆GMAT◆ REIMBURSEMENT REQUEST**

DANTES Form 1560/48 (Revised Dec 09: All previous editions are obsolete)

#### Reimbursement is not authorized without a copy of the "OFFICIAL" GMAT Score Report

| SECTION I: Applicant Information                    |  |                  |            |                               |   | SECTION III: Examination Information   |  |  |
|---|--|------------------|------------|-------------------------------|---|--|--|--|
| 1.  | 1. Name: (Last, First, M.I.)   |                  |            |                               |   | May be used for the <u>GMAT</u> exam only.   |  |  |
|   |  |                  |            |                               |   | 2. Date administered: (MM/DD/YY)   |  |  |
| 2.  | . Mailing address: (print)   |                  |            |                               |   | 3. Tested at: City: State/Country:   |  |  |
|   |  |                  |            |                               |   | 4. Test fee: (one administration only) \$  |  |  |
|   | (city) (state)   |                  |            |                               |   | <b>Note:</b> Expenses such as rescheduling, cancellation, late arrival, or forfeiture fees, credit card interest, or travel expenses are not reimbursable.   |  |  |
| 3.  | 3. CML home phone: ( )   |                  |            |                               |   | 5. Attach a legible copy of the "OFFICIAL" GMAT Score Report.  |  |  |
| 4.  | Rank:  |                  | 5. SSN:    |                               | 7 | SECTION IV: Information Certification  |  |  |
| 6.  | DOB: (MM/DD/YY)  |                  | 7. Unit    | assignment:                   |   | SECTION IV. Information Certification  |  |  |
| 8.  | 8. If Active Duty: (choose only one)   |                  |            |                               |   | <ul> <li>Examinee:</li> <li>I agree to seek reimbursement within 90 days of the GMAT test date.</li> </ul>   |  |  |
|   | O Army O Marine Corps  | O Navy           | 1          | O Air Force O Coast Guard     |   | I certify this is my first DANTES-funded GMAT administration and understand this includes paper-based administrations previously offered at DANTES Test Centers  |  |  |
|   | ·  |                  |            |                               | _ | or computer-based versions of the exam.  |  |  |
| 9.  | If National Guard/   | Reserve:         | (choose on | ily one)                      |   | I further certify my current "Geneva Conventions"  Identification Card will not expire before I take the GMAT  |  |  |
|   | <u>Guard</u>   | O Army           | ′          | O Air Guard                   |   | exam.  |  |  |
|   | Reserve  | O Army<br>O Navy | <i>!</i>   | O Air Force<br>O Marine Corps |   | Signature:   |  |  |
|   |  | O Coas           |            |                               |   | Date: (MM/DD/YY)   |  |  |
|   | SECTION II: Reimbursement Process  |                  |            |                               |   |  |  |  |
| 1.  | Regardless of whether the GMAT test fee was charged to your credit card or paid by voucher or check at the test center, you will receive reimbursement through your military pay bank account. |                  |            |                               |   | © CANNOT be certified by Pearson VUE  Center personnel  DANTES Official Only:  Lertify that I am the DANTES Test Control Officer (TCO) or Alternate TCO.   |  |  |
|   | Coast Guard members will receive reimbursement via a U.S. Treasury check sent to the mailing address provided in Section I.  |                  |            |                               |   | <ul> <li>I have verified that the above Service member has a current<br/>"Geneva Conventions" Identification Card and meets the<br/>GMAT eligibility requirements as stated in the DANTES<br/>Examination Program Handbook.</li> </ul> |  |  |
| 2.  | 2. Submit completed form with a copy of the GMAT "Official" Score Report to:   |                  |            |                               |   | Print name:  |  |  |
|   | DANTES   |                  |            |                               |   | Signature:   |  |  |
|   | ATTN: Code 20A   |                  |            |                               |   | Date: (MM/DD/YY)   |  |  |
| 6490 Saufley Field Road<br>Pensacola, FL 32509-5243 |  |                  |            |                               |   | CML duty phone: ( )  DANTES Test Center address:   |  |  |
| 1. elisacola, i E 32303-3243                        |  |                  |            |                               |   |  |  |  |
|   | IMPORTANT  Read the <i>Privacy Act Statement</i> on the instructions included with this form   |                  |            |                               |   | DANTES Test Center ID Number:  |  |  |

## Data Required by the Privacy Act of 1974 (5 U.S.C. 552a) Authority: 5 U.S.C. 301

**NOTE:** This Privacy Act Statement applies to all information on this form.

- a. PURPOSE: To authorize reimbursement of the GMAT administered at national test centers.
- b. ROUTINE USE: Use of the Social Security Number is necessary to make positive identification of an individual's record.
- c. MANDATORY OR VOLUNTARY DISCLOSURE AND RESULT OF FAILURE TO PROVIDE INFORMATION: Disclosure of all information, including Social Security Number is voluntary. Failure to provide all information listed on the form will complicate, delay, or possibly prevent the administrative actions necessary for reimbursement.

# Instructions for using the GMAT Reimbursement Request Form

| DANTES Test Control Officer   | Examinee   |
|---|--|
| Please refer to the <i>DANTES Examination Program Handbook</i> GMAT Chapter 8, pages II-8-6 through II-8-8 for reimbursement responsibilities and instructions. | <ul> <li>Contact the nearest DANTES Test Center* after receiving the <u>OFFICIAL</u> GMAT Score Report (approximately 2 weeks after testing; allow longer for overseas administrations).</li> <li>Complete each section of the GMAT Reimbursement Request DANTES Form 1560/48.</li> </ul>  |
|   | <ul> <li>Ensure the DANTES TCO/ATCO (not Pearson VUE Test Center personnel) completes and signs Section IV.</li> <li>Submit within 90 days of the GMAT test date to the address in Section II.</li> <li>Expect reimbursement to your military pay bank account in approximately 6 weeks.</li> </ul>  |
|   | <ul> <li>Coast Guard members will receive<br/>reimbursement via a U.S. Treasury check sent<br/>to the mailing address provided in Section I.</li> </ul>  |
|   | *For DANTES Test Center locations and contact information, please visit the DANTES Home page at: <a href="http://www.dantes.doded.mil/dantes-web/apps/testce-nters/TestCenterLookup.asp">http://www.dantes.doded.mil/dantes-web/apps/testce-nters/TestCenterLookup.asp</a> . Only enter information in the [state] field for a complete listing. |

This form is no longer available through the DANTES Distribution Center. Download the printable version from the DANTES Web site at: <a href="http://www.dantes.doded.mil/dantes\_web/examinations/GMAT.htm">http://www.dantes.doded.mil/dantes\_web/examinations/GMAT.htm</a>

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