

SAT School-Based Testing Payment Authorization Form

Payment of honoraria for administering the SAT® or SAT Subject Tests™ with school-based accommodations is available under limited circumstances only. Do not use this form for center-based testing or for testing by school staff during the school day.

SAT

CollegeBoard

SAT® Program Use Only

Project Job 113-42

Cost Center 3011

Account # 8109

Reason for Requesting Payment

Select which option is applicable. You must select at least one option to qualify for payment.

_____ External staff was used for test administration during school hours. (*Does not apply to school staff.*)

_____ The test was administered on a weekend by school and/or external staff.

_____ The test was administered before or after the school year by school and/or external staff (e.g., June or August).

_____ School Name

_____ School Code (6 digit HS—not Center Code)

_____ Testing Date(s)

_____ # Students Tested

_____ # Rooms Used

Is this a makeup test? _____ Yes _____ No

SSD Coordinator's Agreement

By signing below, I confirm that this test was administered to all school-testing students at my school starting on the same date and within the permitted school-testing window stipulated in *The SAT and SAT Subject Tests SSD Coordinator Manual*. I further confirm that the form is submitted for the reason stated above. **I am returning all testing materials with this form immediately after completing testing. I understand that the average processing time for payment is five (5) to six (6) weeks from date of receipt.**

_____ SSD Coordinator's Signature

_____ Date

_____ Phone

_____ Email Address

Instructions for Completing this Form

1. If a payee is a U.S. citizen, they must provide a Social Security number. Failure to provide it will delay the payment.
2. If you tested at least one student, complete the back of the form as follows:
 - a. Copy the back of the form if needed for listing more than two additional staff members and/or more than nine students tested.
 - b. Complete the information about the associate supervisor(s) and personal assistants, if any (e.g., reader or scribe). If you served as an associate supervisor, list your information. Check the applicable box if test takers used an approved reader or scribe. Under each test type, indicate standard or extended time for each test taker. "R" is for Reading (the entire test), "M" is for Math sections, "W" is for the SAT Essay, and "L" is for Listening.
 - c. Complete the requested information for each student you tested.
3. Copy the form for your files.
4. Submit only one full form per administration (with any extra copies of the back of the form), even if you receive multiple shipments of test materials. Return the original in the purple envelope with the used answer sheet shipment immediately after testing ends.

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Testing Date(s)

Rooms Used

Associate Supervisor/Personal Assistant Information

Last Name	First Name	MI	Street Address	City	State / Country	Postal Code	Social Security Number*	Amount to be paid (Use the chart below.)

* Social Security number is **required** for U.S. citizens. Missing Social Security numbers will delay payment processing.

Test Taker Information

[illegible]

I certify that all information provided on this form is complete and accurate. I understand that inaccurate or missing information may result in delayed payment.

SSD Coordinator's Signature

Date _____

Phone

Email Address