

SAT School-Based Testing Payment Authorization Form



Payment of honoraria for administering the SAT 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 weekday. Please fill in all information to ensure timely payment.

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. (*School staff not eligible*)
- ____ 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)

SAT® Program Use Only
Project Job 113-42
Cost Center 3011
Account # 8109

P1: S O V
P2: S O V

School Name School Code (6 digit HS – not Center Code)

Testing Date(s) # Students Tested # Rooms Used

Is this a makeup exam? ____ 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 Fax Email Address

Instructions for completing this form:

1. Before submitting this form, you must create an account with the payment vendor and select your preferred payment method. Failure to do so will delay payment. Instructions for creating an account will be provided by email.
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 test administrator(s) and personal assistants, if any (e.g. reader or scribe). If you served as a test administrator, 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. Photocopy 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. Please send the signed and completed form to: **P.O. Box 6226, Princeton, NJ 08541-6226**
5. SSD Coordinators who are supervising an SAT administration on a weekend or before/after the school year, and who are not otherwise receiving honoraria may request an alternate payment of \$71

