**ACT/SAT REIMBURSEMENT REQUEST  
INSTRUCTIONS**

Please complete and send the signed original ACT/SAT Reimbursement Form, page 1 of the W-9 with an original signature, and a copy of the test scores and *RECEIPT* to the HSTA Budget Office. Anyone can receive the reimbursement in his/her name (the student, parent, or someone else who paid the fees), but both the reimbursement form and the W-9 must be completed in that person’s name and signed by that same person.

**STEPS FOR COMPLETING AN ACT/SAT REIMBURSEMENT REQUEST FORM**

1. Leave wvO# blank.

2. Enter the date.  
3. Invoice # will be the last name of the person receiving the reimbursement plus the date you are completing the form as MMDDYY (ex: SIMMONS101916).  
4. Vendor/Employee Information will be the info of the person who is being reimbursed. (Be sure to list a phone or email at which the person can be easily reached.)

5. Update the Business Purpose by adding the month and year the test was taken and the student’s HSTA Region.

6. Enter the reimbursement amount in cell O18 and O27. (You can be reimbursed for taxes, but not for late fees.)  
7. Sign and date by box C as Vendor. (The person receiving the reimbursement must be the one to sign.)

**DON'T FORGET TO SEND A SIGNED, ORIGINAL COPY OF THE FORM AND PAGE 1 OF THE W-9 WITH A COPY OF THE TEST SCORES AND *RECEIPT* TO THE HSTA BUDGET OFFICE AT THE ADDRESS BELOW.**

**HSTA Budget Office**

**Attn: Business Manager**

**PO Box 9026**

**Morgantown, WV 26506**