

International Baccalaureate Fee
Waiver Program 20
SUPPLEMENTAL ROSTER

Directions: Use this roster to list all fee waiver eligible students and submit it with the NYS Standard Voucher and a receipt from the IBO (summary only, not itemization) by ' H F H P E H 31 , 20 to:

6 K D 5 D H W F K P R U H
IB Voucher Program
NYS Education Department
89 Washington Ave., Room 860 EBA
Albany, N Y 12234

Note:

Student's Name (last, first, middle)	# of Exams per Student	Total Dollar Amount
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	
	_____ @ \$114 per exam	

8 per exam @ \$114 per exam = \$912 per exam