On Your School/District Letterhead

**IB Exam Fee Subsidy Invoice (Form B)**

Dates of service (exams taken; submit after the exams):

 School Tax ID#

*Fill in the table below. Add rows as necessary. Email to* *ccte@mass.gov* *together with Form A*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name** | **# of Exams taken** | **List the exams (subjects) taken** | **Reimbursement per exam ($)** | **Total ($)** |
|  |  |  | 104 |  |
|  |  |  | 104 |  |
|  |  |  | 104 |  |
|  |  |  | 104  |  |
| Total |  |  |  |  |