

## **Monthly Drug Education School Fee(s)**

(State Fiscal Year 2017-18)

### **Instructions for completing the form:**

1. List name of the Drug Education School.
2. List the Drug Education School number that was assigned to your agency.

NOTE: New DES school numbers were issued in September 2013.

3. List the month the fee being paid applies to. One form should be completed for only one month. Fee's should be paid by the 20th of each month for the previous month.
4. List the total number of new enrollee's for the month. If a student is enrolled but was previously counted and fees submitted to NC DMH/DD/SAS do not duplicate this number.
5. List the unique ID number for each student that you are submitting a fee for. This should be the same student ID number entered for that student in the 4401 system.

NOTE: Do not include student names or other Personal Identifying Information on this form.

6. Enter total amount of fees enclosed.
7. Enter check number and date
8. Print name, sign & date.

The fee due is 5% of the total DES fee (\$150.00) collected from the student: \$7.50 per person.

Fee is Payable To: DMH/DD/SAS. Please send fee to:

Budget & Finance Team  
Division of MH/DD/SAS  
3013 Mail Service Center  
Raleigh, NC 27699-3013

For Fiscal questions, call Rachel Johnson at 919-715-2771

For DES program questions, call Wayne Bailey at 910-202-5500

Monthly Drug Education School Fee(s)  
(State Fiscal Year 2017-18)

Drug Education School - Provider Agency

School Name: \_\_\_\_\_

School Number (**ONLY 1 SCHOOL PER FORM**): \_\_\_\_\_

Month Fee Applies to (Month-Year): \_\_\_\_\_

**Fees should be paid by the 20th of each month for the previous month.**

Total number of students enrolled during month of which fees apply: \_\_\_\_\_

List student unique ID numbers:

1		21		41	
2		22		42	
3		23		43	
4		24		44	
5		25		45	
6		26		46	
7		27		47	
8		28		48	
9		29		49	
10		30		50	
11		31		51	
12		32		52	
13		33		53	
14		34		54	
15		35		55	
16		36		56	
17		37		57	
18		38		58	
19		39		59	
20		40		60	

Total fees enclosed: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_ Date of check: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_