North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Monthly Drug Education School Fee(s)
(State Fiscal Year 2023-24)

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. Only one month should be reported on each form. Fees should be paid by the 20th of each month for the previous month.

4. List the total number of new enrollees 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 for each site.

7. Enter check number and date

8. Print name, sign & date.

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

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

North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Monthly Drug Education School Fee(s)
(State Fiscal Year 2023-24)

Drug Education School - Provider Agency

School Name: _____

School Number **(ONLY 1 SCHOOL PER FORM)**: _____

Month Fee Applies to (Month-Year): _____**(Only 1 month per form)**
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: _____