

Monthly Drug Education School Fee(s) (State Fiscal Year 2011-12)

Drug Education School Provider Agency Name: _____

School Number: _____

Persons enrolled: _____

MONTH FEE APPLIES TO: _____

FEE DUE: (5% of total DES fees collected: \$7.50 per person): _____

AMOUNT ENCLOSED: _____

A fee of one hundred fifty dollars (\$150.00) "shall be paid by all persons enrolling in an accredited drug education school", and 5% of each fee collected shall be remitted to the [Department of] Health and Human Services on a monthly basis."

CHECK NUMBER(S): _____

CHECK DATE: _____

FEE IS PAYABLE TO: **DMH/DD/SAS**

SEND FEE TO:

**BUDGET AND FINANCE TEAM
DIVISION OF MH/DD/SAS
3013 MAIL SERVICE CENTER
RALEIGH, NC 27699-3013**

With fiscal questions, call Kristi Hickman at 919-733-7013.

With DES program questions, call Martha Lamb at 919-715-2771.

Date submitted

Submitted by: _____
(Include name, title, and signature)