TExAS BOARD OF NURSING
333 GUADALUPE STREET, SUITE 3-460
AUSTIN, TEXAS 78701

Board Order Billing Form

PLEASE SUBMIT THIS FORM WITH REMITTANCE OF MONITORING FEES

Name ____________________________________________________________
(Please Print) First Middle Last

__________________________
Maiden Name

__________________________
License Number Social Security Number

I have enclosed a cashier's check or U.S. Money Order payable to the Texas Board of Nursing in the amount of $ _____________. (Please initial)

DO NOT WRITE BELOW THIS LINE

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Amount of Remittance ____________ Audit Number ____________

Date Received ____________ Accepted By ____________

I22(2013.11.22)