



**DSB ACCOUNTS  
RECEIVABLE/ REFUND**

TO: DSB Cashier- Ann May  
DHHS Controller's Office  
DSB- Accounts Receivable  
2025 Mail Service Center  
Raleigh, NC 27699-2025

Fax 919-334-1271  
Phone 919-334-1223

Transmittal Date: \_\_\_\_\_

Check/ Money Order Number: \_\_\_\_\_

Payer: \_\_\_\_\_

Date of Check/ Money Order: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Explanation:

If Refund: \_\_\_\_\_

DSB Check# \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Worker: \_\_\_\_\_ Worker #: \_\_\_\_\_

Signature \_\_\_\_\_ District Office \_\_\_\_\_

**FOR STATE OFFICE USE:**

This is to verify that I have received funds referred to above:

Cashier: \_\_\_\_\_ Date: \_\_\_\_\_