



DSB ACCOUNTS RECEIVABLE/REFUND INSTRUCTIONS

PURPOSE

To comply with the DHHS Case Management Plan (CMP) policies and responsibilities that insures proper accounting, timely billing, and collection of funds due the department. The DHHS Office of the Controller Accounts Receivable Section has primary responsibility for billing for amounts determined to be due DHHS and tracking of all billings and payments in an organized manner so that an accurate record of amounts due is maintained. DHHS divisions and institutions must comply with the DHHS Controller.

If a DSB employee identifies funds owed, DSB contracts Kathy.Moody@dhhs.nc.gov to generate a letter to the vendor. The DHHS Controllers Accounts Receivable Section will notify DSB when the refund is received and placed on the individual's cost card. No form is completed.

If DSB receives a check or money order funds owed, this form is complete and distributed utilizing the direction under distribution below.

PREPARED BY

Vocational Rehabilitation Counselor, Independent Living Rehabilitation Counselors, Social Workers for the Blind

INSTRUCTIONS

Transmittal Date: Enter the two-digit month, two-digit day and four-digit year for the date the information is being sent to the controller's office.

Check/Money Order #: Enter the number on the check or money order that is being returned.

Payer: Enter the full name that is entered on the check or money order.

Date of Check/Money Order: Enter the two-digit month, two-digit day and four-digit year identified on the check.

Date Received: Enter the two-digit month, two-digit day and four-digit year the check was received in the DSB office.

Amount: Enter the amount being returned as identified on the check or money order.

Explanation: Enter the reason the amount is being returned.

If Refund:

DSB Check #: Enter the DSB check number.

Authorization #: Enter the DSB authorization number.

Worker: Enter the DSB worker name.

Worker #: Enter the DSB assigned worker number.

DSB representative signs the form and enters the name of the district office.



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DISTRIBUTION

Original: DHHS Office of the Controller Accounts Receivable Section with the returned check or money order and send to Ann May (address at the top of form) Ann.May@dhhs.nc.gov.

Copies: Case Record with a copy of the check or money order being returned.