

TEXAS BOARD OF NURSING  
1801 CONGRESS AVENUE, #10-200  
AUSTIN, TEXAS 78701

Board Order Billing Form

**PLEASE SUBMIT THIS FORM WITH REMITTANCE OF FINE**

Name \_\_\_\_\_  
(Please Print)                      First                      Middle                      Last

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
RN 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 \_\_\_\_\_