

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

Board Order Billing Form

**PLEASE SUBMIT THIS FORM WITH REMITTANCE OF
MONITORING FEE**

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

Amount of Remittance _____

Audit Number _____

Date Received _____

Accepted By _____