

**Office of the Attorney General
Statewide Automated Victim Notification Services (SAVNS)
Fiscal Year 2013 Invoice**

PHASE TYPE		
Place an "X" to the right of the applicable quarter(s)	1st Quarter	
	2nd Quarter X	
	3rd Quarter	
	4th Quarter	
Mail To: Office of the Attorney General Grants Administration Division - MC005 P.O. Box 12548 Austin, TX 78711-2548	Date of Invoice:	
	Invoice #:	
	Texas TIN:	
	Organization Name: Hidalgo County	
	Mailing Address: 2808 S. Business Hwy. 281	
	City: Edinburg	
	State: Texas	
Grants Administration Division (GAD) Contact Attn: Finance Section Title: Financial Specialist Email: Pinni.Warner@texasattorneygeneral.gov Telephone: (512) 936-6397	Zip Code: 78539	
	Contact Person: Debbie Tamez	
	Title: Accountant I	
	Email Address: debbie.tamez@auditor.co.hidalgo.tx.us	
	Telephone: 956-318-2511 x.4675	
Month of Service	OAG GRANT #	Amount of Claim
Feb-13	1336924	PCA 10352
Note - 1: Invoice must be submitted to the OAG for the prior quarter by the 5th day of the next month following the end of each quarter.	Description of Services: Note 2: Reimbursement for services rendered on a contract basis under the Statewide Automated Victim Notification Service (SAVNS) Grant to the Office of the Attorney General (Term: September 1, 2012 to August 31, 2013). Note - 3: None of the costs billed under this invoice have been charged to any other state or federal grant, contract, or any other funding source. I certify that the expenses being requested for reimbursement are correct and unpaid.	Note - 4: The amount of claim must not exceed the amount stated in "Total Due" line on the Certified Vendor Invoice.
Authorized Official or Designee Signature Note - 5: Must be signed by the Authorized Official or Alternate Designee	Signature of Authorized Official or Alternate Designee	
	Date	
	Type/Print Authorized Official Name or Alternate Designee and Title	
For OAG Use Only		
Date Received by Grants Administration Division of the OAG:	GAD Fiscal Approval / Date	Date Received by OAG Accounting: