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	
	3rd Quarter	X
	4th Quarter	
Mail To:	**Date of Invoice:**	
Office of the Attorney General	**Invoice #:**	
Grants Administration Division - MC005	**Texas TIN:**	17460007176012
P.O. Box 12548	**Organization Name:**	**Hidalgo County**
Austin, TX 78711-2548	**Mailing Address:**	2808 S. Business Hwy. 281
	City:	Edinburg
	State:	Texas
Grants Administration Division (GAD) Contact	**Zip Code:**	78539
Attn: Finance Section	**Contact Person:**	Debbie Tamez
Title: Financial Specialist	**Title:**	Accountant I
Email: Pinni.Warner@texasattorneygeneral.gov	**Email Address:**	debbie.tamez@auditor.co.hidalgo.tx.us
Telephone: (512) 936-6397	**Telephone:**	956-318-2511 x.4675

Month of Service	OAG GRANT #		Amount of Claim
May-13	**1336924**	**PCA 10352**	**$7,293.50**

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: