

**Office of the Attorney General
Statewide Automated Victim Notification Services (SAVNS)
Fiscal Year 2014 Invoice**

| | | PHASE TYPE | |
|--|---|---------------------------------------|---|
| Place an "X" to the right of the applicable quarter(s) | 1st Quarter | November 30, 2013 | |
| | 2nd Quarter | February 28, 2014 | |
| | 3rd Quarter | May 31, 2014 | |
| | 4th Quarter | August 31, 2014 | |
| 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: | TX | |
| 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: | Ray Eufrazio, CPA | |
| | Title: | County Auditor | |
| | Email Address: | ray.eufrazio@auditor.co.hidalgo.tx.us | |
| | Telephone: | 956-318-2511 x4604 | |
| Month of Service | OAG GRANT # | | Amount of Claim |
| Aug-14 | 1445766 | PCA 10352 | \$6,928.83 |
| Note - 1: Invoice must be received for the prior quarter by the 5th 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, 2013 to August 31, 2014). 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 | | |
| <i>For OAG Use Only</i> | | | |
| Date Received by Grants Administration Division of the OAG: | GAD Fiscal Approval / Date | | Date Received by OAG Accounting: |
| | | | |