

**Office of the Attorney General  
Statewide Automated Victim Notification Services (SAVNS)  
Fiscal Year 2015 Invoice**

		<b>PHASE TYPE</b>	
<b>Place an "X" to the right of the applicable quarter(s)</b>	1st Quarter	November 30, 2014	
	2nd Quarter	February 28, 2015	
	3rd Quarter	May 31, 2015	
	4th Quarter	August 31, 2015	
<b>Mail To:</b> 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	
<b>Grants Administration Division (GAD) Contact</b> 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	
<b>Month of Service</b>	<b>OAG GRANT #</b>		<b>Amount of Claim</b>
<b>Nov-14</b>	<b>1554914</b>	<b>PCA 10352</b>	<b>\$6,928.83</b>
<b>Note - 1:</b> Invoice must be received for the prior quarter by the 5th of the next month following the end of each quarter.	<b>Description of Services: Note 2:</b> 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, 2014 to August 31, 2015).  <b>Note - 3:</b> 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.		<b>Note - 4:</b> The amount of claim must not exceed the amount stated in "Total Due" line on the Certified Vendor Invoice.
<b>Authorized Official or Designee Signature</b> Note - 5: Must be signed by the Authorized Official or Alternate Designee	<b>Signature of Authorized Official or Alternate Designee</b>		<b>Date</b>
	<b>Type/Print Authorized Official Name or Alternate Designee and Title</b>		
<b><i>For OAG Use Only</i></b>			
Date Received by Grants Administration Division of the OAG:	GAD Fiscal Approval / Date		Date Received by OAG Accounting: