

**Office of the Attorney General  
Statewide Automated Victim Notification Services (SAVNS)  
Fiscal Year 2017 Invoice**

<b>Quarter</b>			
<b>Place an "X" to the right of the applicable quarter(s)</b>	1st Quarter	November 30, 2016	<b>X</b>
	2nd Quarter	February 28, 2017	
	3rd Quarter	May 31, 2017	
	4th Quarter	August 31, 2017	
<b>Mail To:</b> Office of the Attorney General Contract & Asset Management Division - MC005 P.O. Box 12548 Austin, TX 78711-2548	<b>Date of Appriss Invoice:</b>		
	<b>Appriss Invoice #:</b>		
	<b>Texas TIN:</b>		
	<b>County/Agency Name:</b> <a href="#">Hidalgo County</a>		
	<b>Mailing Address:</b> 2808 S. Business Hwy. 281		
	<b>City:</b> Edinburg		
	<b>State:</b> TX		
<b>Contracts and Asset Management Division Contact:</b> Attn: Grants & Contracts Section Title: Program Specialist Email: <a href="mailto:chris.gersbach@oag.texas.gov">chris.gersbach@oag.texas.gov</a> Telephone: (512) 936-1653	<b>Zip Code:</b> 78539		
	<b>Contact Person:</b> <a href="#">Ray Eufrazio, CPA</a>		
	<b>Title:</b> County Auditor		
	<b>Email Address:</b> <a href="mailto:ray.eufrazio@auditor.co.hidalgo.tx.us">ray.eufrazio@auditor.co.hidalgo.tx.us</a>		
	<b>Telephone:</b> 956-318-2511 x4604		
<b>Service Quarter End</b>	<b>OAG Grant # 1770981</b>		<b>Amount of Claim</b>
<b>Nov-16</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, 2016 to August 31, 2017).  <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 "Quarterly Amount" line on the Certified Vendor Invoice.
<b>Authorized Official or Designee Signature</b> <b>Note - 5:</b> Must be signed by the Authorized Official, Financial 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 Contracts and Asset Management Division of the OAG:	CAMD Fiscal Approval / Date		Date Received by OAG Accounting: