

**Office of the Attorney General
Statewide Automated Victim Notification Services (SAVNS)
Fiscal Year 2018 Invoice**

	Select Invoice Quarter	Amount Per Quarter
Place an "X" to the right of the applicable quarter(s)	1st Quarter <input checked="" type="checkbox"/>	\$ 7,136.69
	2nd Quarter <input checked="" type="checkbox"/>	\$ 7,136.69
	3rd Quarter <input checked="" type="checkbox"/>	\$ 7,136.69
	4th Quarter <input checked="" type="checkbox"/>	\$ 7,136.71

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
	Zip Code:	78539
Grants Administration Division Contact Attn: Finance Section Title: Financial Specialist Email: Sally.Pena@oag.texas.gov Telephone: (512) 936-1688	Contact Person:	Maria Arcilia Duran, CPA
	Title:	County Auditor
	Email Address:	arcilia.duran@auditor.co.hidalgo.tx.us
	Telephone:	956-318-2511 x4645

Months of Service	Grant Number:	PCA Code:	Amount of Claim
September 2017- August 2018	1877174	10352	\$28,546.78

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, 2017 to August 31, 2018). 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.
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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: