

Office of the Attorney General  
Statewide Automated Victim Notification Services (SAVNS)  
Fiscal Year 2019 Invoice

Select Invoice Quarter			
<b>Place an "X" to the right of the applicable quarter(s)</b>	1st Quarter <input type="checkbox"/>		
	2nd Quarter <input type="checkbox"/>		
	3rd Quarter <input type="checkbox"/>		
	4th Quarter <input checked="" type="checkbox"/>		
<b>Mail To:</b> Office of the Attorney General Grants Administration Division- MC005 P.O. Box 12548 Austin, TX 78711-2548 Grants Administration Division Contact Attn: Finance Section Title: Financial Specialist Email: Sally.Pena@oag.texas.gov Telephone: 512-936-1688	<b>Date of Invoice:</b> 31-Aug-19		
	<b>Invoice #:</b>		
	<b>Texas TIN:</b>		
	<b>Organization Name:</b> Hidalgo County		
	<b>Mailing Address:</b> 2808 S. Business Hwy. 281		
	<b>City:</b> Edinburg		
	<b>State:</b> Texas		
	<b>Zip Code:</b> 78539		
	<b>Contact Person:</b> Maria Arcilia Duran, CPA		
	<b>Title:</b> County Auditor		
<b>Email Address:</b> <a href="mailto:arcilia.duran@auditor.co.hidalgo.tx.us">arcilia.duran@auditor.co.hidalgo.tx.us</a>			
<b>Telephone:</b> 956-318-2511 x4645			
<b>Month of Service</b>	<b>Grant Number:</b>	<b>PCA Code:</b>	<b>Amount of Claim</b>
<b>Aug-19</b>	<b>1990159</b>	<b>10352</b>	<b>\$7,136.71</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, 2018 to August 31, 2019).  <b>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.</b>		<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> <b>Note - 5:</b> Must be signed by the Authorized Official or Alternate Designee	<b>Signature of Authorized Official or Alternate Designee</b>		<b>Date</b>
	Richard Cortez, County Judge		
	<b>Typed Name of Authorized Official 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: