

**Office of the Attorney General
Statewide Automated Victim Notification Services (SAVNS)
Fiscal Year 2020 Invoice**

| | | Select Invoice Quarter | |
|--|---|---|---|
| Place an "X" to the right of the applicable quarter(s) | 1st Quarter | <input checked="" type="checkbox"/> | |
| | 2nd Quarter | <input type="checkbox"/> | |
| | 3rd Quarter | <input type="checkbox"/> | |
| | 4th Quarter | <input type="checkbox"/> | |
| To submit your reimbursement request save the Invoice, FSR, and Salary Detail Sheet as one PDF document and send via email to: Grants-Financial@oag.texas.gov | Date of Invoice: | December 5, 2019 | |
| | Invoice #: | | |
| | Texas TIN: | | |
| | Organization Name: | Hidalgo County | |
| | Mailing Address: | 2808 S. Business Hwy. 281 | |
| | City: | Edinburg | |
| | State: | Texas | |
| | Zip Code: | 78539 | |
| | Contact Person: | Maria Arcilia Duran, CPA | |
| Title: | County Auditor | | |
| Email Address: | arcilia.duran@auditor.co.hidalgo.tx.us | | |
| Telephone: | 956-318-2511 x 4645 | | |
| Month of Service | Grant Number: | PCA Code: | Amount of Claim |
| Nov-19 | 2003499 | 10352 | \$7,542.56 |
| 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, 2019 to August 31, 2020). 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 |
| | | | |
| | Typed Name of Authorized Official 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: |
| | | | |