

**Office of the Attorney General  
Statewide Automated Victim Notification Services (SAVNS)  
Fiscal Year 2020 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 checked="" type="checkbox"/>	
	3rd Quarter	<input type="checkbox"/>	
	4th Quarter	<input type="checkbox"/>	
<b>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</b>	Date of Invoice:	March 10, 2020	
	Invoice #:	INV73360	
	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:	<a href="mailto:arcilia.duran@auditor.co.hidalgo.tx.us">arcilia.duran@auditor.co.hidalgo.tx.us</a>		
Telephone:	956-318-2511 x 4645		
<b>Month of Service</b>	<b>Grant Number:</b>	<b>PCA Code:</b>	<b>Amount of Claim</b>
<b>Feb-20</b>	<b>2003499</b>	<b>10352</b>	<b>\$7,542.56</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, 2019 to August 31, 2020).  <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> <b>Note - 5:</b> Must be signed by the Authorized Official or Alternate Designee			3/24/2020
	<b>Signature of Authorized Official or Alternate Designee</b>		<b>Date</b>
	Richard F. 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: