

**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 type="checkbox"/>	<input type="checkbox"/>
	2nd Quarter	<input type="checkbox"/>	<input type="checkbox"/>
	3rd Quarter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	4th Quarter	<input type="checkbox"/>	<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:	June 3, 2020	
	Invoice #:	INV77087	
	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
May-20	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			6/23/2020
	Signature of Authorized Official or Alternate Designee		Date
	Richard F. Cortez, County Judge		
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: