

**Office of the Attorney General  
Statewide Automated Victim Notification Services (SAVNS)  
Fiscal Year 2021 Invoice**

		Select Invoice Quarter	
<b>Place an "X" to the right of the applicable quarter(s)</b>	1st Quarter		<input checked="" type="checkbox"/>
	2nd Quarter		<input 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: <a href="mailto:Grants-Financial@oag.texas.gov">Grants-Financial@oag.texas.gov</a></b>	Date of Invoice:	<a href="#">12/1/2020</a>	
	Invoice #:	<a href="#">INV84205</a>	
	Texas TIN:		
	Organization Name:	<a href="#">Hidalgo County</a>	
	Mailing Address:	<a href="#">2808 S. Business Hwy 281</a>	
	City:	<a href="#">Edinburg</a>	
	State:	<a href="#">Texas</a>	
	Zip Code:	<a href="#">78539</a>	
	Contact Person:	<a href="#">Maria Arcilia Duran, CPA</a>	
Title:	<a href="#">County Auditor</a>		
Email Address:	<a href="mailto:arcilia.duran@auditor.co.hidalgo.tx.us">arcilia.duran@auditor.co.hidalgo.tx.us</a>		
Telephone:	<a href="#">(956) 318-2511 x 4645</a>		
<b>Month of Service</b>	<b>Grant Number:</b>	<b>PCA Code:</b>	<b>Amount of Claim</b>
<b>Nov-20</b>	<b>2111201</b>	<b>10352</b>	<b>\$7,530.63</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:</b> 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, 2020 to August 31, 2021).  <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			10/8/2020
	<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: