

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

	<b>Select Invoice Quarter</b>	
<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 checked="" 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:	6/3/2020
	Invoice #:	INV77061
	Texas TIN:	
	Organization Name:	El Paso County
	Mailing Address:	800 E. Overland, Suite 406
	City:	El Paso
	State:	Texas
	Zip Code:	79901
	Contact Person:	Claudia Duran
	Title:	Project Administrator
Email Address:	<a href="mailto:cduran@epcounty.com">cduran@epcounty.com</a>	
	Telephone:	915-546-2059 ext.3404

Month of Service	Grant Number:	PCA Code:	Amount of Claim
<b>May-20</b>	<b>2003176</b>	<b>10352</b>	<b>\$7,542.56</b>

<p><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.</p>	<p><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).</p> <p><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.</p>	<p><b>Note - 4:</b> The amount of claim must not exceed the amount stated in "Total Due" line on the Certified Vendor Invoice.</p>
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<p><b>Authorized Official or Designee Signature</b> <b>Note - 5:</b> Must be signed by the Authorized Official or Alternate Designee</p>		
	<b>Signature of Authorized Official or Alternate Designee</b>	<b>Date</b>
	<b>Typed Name of Authorized Official or Alternate Designee and Title</b>	

***For OAG Use Only***

Date Received by Grants Administration Division of the OAG:	GAD Fiscal Approval / Date	Date Received by OAG-Accounting:

