



KEN PAXTON
ATTORNEY GENERAL OF TEXAS

Invoice Certification Required by Texas Grant Management Standards

This completed and signed form is required to be included with each reimbursement request submitted to the Grants Administration Division.

Grant Program	Statewide Automated Victim Notification Services (SAVNS)
Grant Number	C-01066
Grantee Name	El Paso County
Invoice Month and Year	Nov- 23

By signing this statement, I, acting in my official capacity as the Authorized Official or Alternate Designee for the above stated Grantee, certify the following:

By signing this document, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the state award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Authorized Official or Alternate Designee Printed Name: Ricardo A. Samaniego

Authorized Official or Alternate Designee Title: County Judge

Authorized Official or Alternate Designee Signature: _____

Date: _____