

Office of the Attorney General Statewide Automated Victim Notification Services (SAVNS) Fiscal Year 2024 Invoice			
		<b>Select Invoice Quarter</b>	
<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"/>	
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:	12/8/2023	
	Invoice #:	2058299640	
	Texas TIN:		
	Organization Name:	El Paso County	
	Mailing Address:	320 S. Campbell Street, Suite 140	
	City:	El Paso County	
	State:	Texas	
<i>The Contact Person must be listed as a Contact on the Grant (Financial Contact, etc.)</i>	Zip Code:	79901	
	Contact Person:	Silvia Serna	
	Contact's Title:	Grant Analyst	
	Email Address:	s.serna@epcounty.com	
	Telephone:	915-546-2059 x4077	
<b>Month of Service</b>	<b>Grant Number:</b>	<b>PCA Code:</b>	<b>Amount of Claim</b>
<b>Nov-23</b>	<b>C-01066</b>	<b>11300</b>	<b>\$7,571.32</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:</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, 2023 to August 31, 2024).</p> <p><b>Note - 3:</b> 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:</p> <p>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.</p> <p>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>
<b>Authorized Official or Designee Signature</b> Note - 5: Must be signed by the Authorized Official or Alternate Designee	<b>Signature of Authorized Official or Alternate Designee</b>		<b>Date</b>
	Ricardo A. Samaniego, County Judge		
	<b>Typed Name of Authorized Official or Alternate Designee and Title</b>		
<b>For OAG Use Only</b>			
GAD Fiscal Approval / Date		Date Received by OAG-Accounting:	