

Office of the Attorney General Statewide Automated Victim Notification Services (SAVNS) Fiscal Year 2025 Invoice			
		Select Invoice Quarter	
Place an "X" to the right of the applicable quarter(s)	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:	11/30/2024	
	Invoice #:	2063294941	
	Texas TIN:		
	Organization Name:	El Paso County	
	Mailing Address:	500 E San Antonio	
	City:	El Paso	
	State:	Texas	
Zip Code:	79901		
<i>The Contact Person must be listed as a Contact on the Grant (Financial Contact, etc.)</i>	Contact Person:	Silvia Serna	
	Contact's Title:	Grant Analyst	
	Email Address:	s.serna@epcounty.com	
	Telephone:	915-273-3542	
Month of Service	Grant Number:	PCA Code:	Amount of Claim
Nov-24	C-01678	11300	\$7,798.46
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, 2024 to August 31, 2025). Note - 3: 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. 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			
	Signature of Authorized Official or Alternate Designee		Date
	Ricardo A. Samaniego		
	Typed Name of Authorized Official or Alternate Designee and Title		
<i>For OAG Use Only</i>			
	GAD Fiscal Approval / Date		Date Received by OAG-Accounting: