

**Texas SAVNS/VINE Program
Request Procedures for
FY 2011 Maintenance Expenses - Reimbursement**

Invoice Instructions

Process

To receive reimbursement funding for Texas SAVNS/VINE program expenses, you must submit a Texas SAVNS/VINE Maintenance Invoice with the required attachments. The County must have an executed Texas SAVNS/VINE Maintenance Contract from the Office of the Attorney General (OAG) to request reimbursement.

When to prepare the invoice

Upon receipt of your Appriss invoice that is dated after the execution of the OAG/County Texas SAVNS/VINE Maintenance Contract.

Required Attachments

You must attach the following documents to this invoice to receive payment:

- 1.) **A copy of the Appriss Invoice**
- 2.) **A copy of the payment issued to Appriss**
- 3.) **County Verification of Continuing Production Record**
- 4.) **A copy of the Appriss/County R-07 Service Agreement Renewal Notice**
- 5.) **Letter designating alternate signator; if applicable (see instruction 9)**

Detailed Instructions

1. **Invoice Number:** If your agency has an invoice numbering system, you may want to include an assigned number in this space (Optional).
2. **Date:** Indicate the date the invoice is mailed.
3. **Remit to:** Enter the name and mailing address of the County Auditor/Treasurer only.
4. **Preparer's Name:** Enter the name, title, phone, fax, and e-mail address of the person preparing the form.
5. **Texas TIN #:** This is the number issued by the State of Texas Comptroller's Office or Internal Revenue Service. If you have a direct deposit 14-digit number with any state agency, please use the number for electronic deposit with the State. You may request a direct deposit form from the OAG.
6. **Date of Service:** Enter the month and year that Appriss invoiced the county for services.
7. **Grant Number and Term of Contract:** Enter your OAG grant number and term of contract. The beginning term of your contract is listed in Exhibit A of the Grant Contract. The OAG contract number is on the cover of your contract.
8. **Amount:** Enter the total expenses for the services delivered. You must submit all documentation required

under your contract. See “Required Attachments” listed above.

9. **Authorized Official:** The person authorized to sign on behalf of the program should sign and their name, title, and date should be filled in. **Please note that the authorized signator for the invoice document is the person who signed the original grant contract.** The authorized signator may designate up to two alternate signators by submitting a signed letter on county letterhead which includes the names and contact information for these alternates. Examples of alternate signators may include the County Project Coordinator and County Auditor/Accountant.

Number of Copies

Prepare an original for the OAG and retain one copy for your financial records. Please do not mail in a copy of the Invoice, as only forms with an original signature will be paid. **Faxed and e-mailed forms will NOT be accepted.**

Transmittal

Mail the original Invoice with the requested attachments to:

Attn.: Grants/Contracts
Office of the Attorney General
Grants Administration Division, Mail Code: 004
P. O. Box 12548
Austin, Texas 78711-2548

Correction of Errors / Questions

If you have any questions or discover an error after sending in the Invoice, immediately contact us at (512) 936-1653 for help in correcting the error.

Texas SAVNS/VINE

Reimbursement Maintenance Invoice

County:

Texas SAVNS/VINE Invoice Form - Reimbursement

1. Invoice Number:			
		2. Date:	
Mail To: Office of the Attorney General Grants Administration Division P. O. Box 12548 MC: 004 Austin, Texas 78711-2548 512/936-1653	3. Remit to Auditor:	El Paso County	
	Address:	800 E. Overland, Room 406	
	City, State, Zip:	El Paso, Texas 79901	
	4. Preparer's Name:	Edward A. Dion	
	Title:	El Paso County Auditor	
	Telephone:	(915) 546-2040	
	Fax:	(915) 546-8172	
	Email:	EDion@epcounty.com	
5. Texas VIN Number - 1746000762051			
6. DATE OF APPRISS INVOICE (Month & Year)	DESCRIPTION OF SERVICES	8. AMOUNT	
	Reimbursement for Texas SAVNS/VINE Maintenance expenses	\$ 30,710.00	
	7. OAG Contract Number:		1120807
	(Term 9/1/10 – 8/31/11) <i>None of the Costs billed under this voucher has been charged to any other Federal or State Grant or Contract.</i>		
9. Authorized Signature		Print or Type Name and Title	Date
		Veronica Escobar, El Paso County Judge	07/25/2011

NOTE: You must attach the following documentation to this invoice:

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- 5.) Letter designating alternate signator; if applicable (see instruction 9)

OAG Use Only

Date Received by OAG	Fiscal Approval Date	Date Received By Accounting
	Date:	

**Texas Statewide Automated
Victim Notification Service (SAVNS)
County Verification of Continuing Production Record**

The purpose of this record is provide Commissioner's Court and County Officials an opportunity to provide an advisory update regarding the Texas SAVNS Program in the County. The intent is to ensure that elected officials are aware of the ongoing status of the Texas SAVNS Program in their County. It also allows the OAG to crosscheck County verifications against those of the Certified Vendor.

County:	El Paso County	Contract Number:	1120807
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Yes	No	County Responsibility
x		Jail records are on production and available to victims.
x		Court events are on production and available to victims.
x		Monthly system testing is on-going, in compliance with contractual stipulations.
x	x	Testing records are on file for review. (not on file for review)
x		County SAVNS/VINE Log records note all problems and resolutions.
x		County VINEWatch reviews are conducted on a regular basis.
x		Program Coordinator keeps a grant file.

Check 'Yes' or 'No' for each responsibility

The primary responsibility for signing this verification is the **County Judge**. Unchecked boxes will require an explanation in writing in the box below. The Judge may delegate the responsibility for preparing and signing the verification. A letter over the signature of the Judge must be sent to the OAG naming the person or persons authorized to sign this required document.

County Verification:

Signature

Veronica Escobar

Printed Name

El Paso County Judge

Title

July 25, 2011

Date

Explanation/Comments:

***** This document must be submitted as an attachment to the invoice in order to receive payment for costs associated with Annual Maintenance. Please keep a copy in your files for monitoring purposes.**