

**ORDINANCE ATTACHMENT**

**AC Template (for authorizing expenditures)**

\*AC lines increment by 10 (i.e. line 1 = 10, line 2 = 20, etc.)

\*If AC has fewer than three lines please delete unnecessary rows; if more than 3 lines please insert rows.

**Please establish separate ACPR's for each line item below:**

Type of AC Requested	Purchase Requisition (PR)#													
ACPR	n/a													
ACPR	Div	Obj Class	Main Acct	Fund	Subfund	Program	Procurement Category	Project ID	Sect 3	Sect 4	Sect 5	Optional Field	Planning Area	Amount
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 300,000
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 125,000
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 300,000
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 125,000
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 175,000
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 100,000
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 75,555
													\$ 1,200,555	