

**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.

<b>Ord Number</b>
2859-2022

<b>Type of AC Requested</b>	<b>Purchase Requisition (PR)#</b>
ACPO	

<b>Line # of AC</b>	<b>Procurement Category</b>	<b>Dept</b>	<b>Div</b>	<b>Obj Class</b>	<b>Main Acct</b>	<b>Fund</b>	<b>Subfund</b>	<b>Program</b>	<b>Sect 3</b>	<b>Sect 4</b>	<b>Sect 5</b>	<b>Project ID</b>	<b>Optional Field</b>	<b>Planning Area</b>	<b>Amount</b>
10	Employee Physical Screening Service	27	2701	03	63050	1000	100010	CW001							\$280,000