**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.*

| Type of AC Requested | Purchase Requisition (PR)# | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ACPR** | n/a | **Please establish separate ACPR's for each line item below:** | | | | | | | | | | | | | | |

| 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 | $ 150,000 | BoundTree Pharm |
| | 3004 | 02 | 62070 | 1000 | 100010 | DS006 | Health and Medical Supplies | n/a | 300406 | n/a | n/a | n/a | n/a | $ 800,000 | BoundTree Med Sup |
| | 3004 | 02 | 62070 | 1000 | 100010 | DS006 | Health and Medical Supplies | n/a | 300406 | n/a | n/a | n/a | n/a | $ 50,000 | LifeAssist Pharm |
| | 3004 | 02 | 62070 | 1000 | 100010 | DS006 | Health and Medical Supplies | n/a | 300406 | n/a | n/a | n/a | n/a | $ 50,000 | LifeAssist Med Sup |
| | 3004 | 02 | 62070 | 1000 | 100011 | DS006 | Health and Medical Supplies | n/a | 300406 | n/a | n/a | n/a | n/a | $ 100,000 | ZOLL |
| | 3004 | 02 | 62070 | 1000 | 100010 | DS006 | Health and Medical Supplies | n/a | 300406 | n/a | n/a | n/a | n/a | $ 50,000 | Teleflex |

$ 1,200,000