

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.*

| Ord Number |
|---------------|
| 0689-2022 |

| Type of AC Requested | Purchase Requisition (PR)# |
|-------------------------|-------------------------------|
| ACPO | |

| Line # of AC | Procurement Category | Dept | Div | Obj Class | Main Acct | Fund | Subfund | Program | Sect 3 | Sect 4 | Sect 5 | Project ID | Optional Field | Planning Area | Amount |
|-----------------|--|------|------|--------------|--------------|------|---------|---------|--------|--------|--------|---------------|-------------------|------------------|-----------|
| 10 | Employee Physical Screening Service | 27 | 2701 | 03 | 63050 | 1000 | 100010 | CW001 | | | | | | | \$150,000 |