

**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) #	Please establish separate ACPR's for each line item below:													
ACPR	n/a	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	\$ 400,000	
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 225,000	
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 400,000	
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 225,000	
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 325,000	
	3004	02	62070	1000	100010	DS006	Health and Medical Supplies	n/a	300406	n/a	n/a	n/a	n/a	\$ 150,555	