## 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**0209-2023

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	Healthcare Providers Specialists Services	50	5001	03	63051	2251	-	HE007	500111	HE22	1	G502252			342,984.00