51fbbeb8-acc7-49ec-a934-03a0062e582f.xlsx 2/2/2017

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)#
ACPO	n/a

Line # of AC	Div	Obj Class	Main Acct	Fund	Subfund	Program	Procurement Category	Project ID	Sect 3	Sect 4	Sect 5	Optional Field	Planning Area	Amount
10	5001	03	63050	2250	n/a	HE004	Blood analysis laboratory services	n/a	500110	HE18	n/a	n/a	n/a	6,000.00
20	5001	03	63050	2250	n/a	HE004	Blood analysis laboratory services	n/a	500110	HE20	n/a	n/a	n/a	7,000.00
30	5001	03	63050	2251	n/a	HE004	Blood analysis laboratory services	G501637	500110	HE36	n/a	n/a	n/a	9,000.00