

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
0221-2017

Type of AC Requested	Purchase Requisition (PR)#
AC	

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 Services	50	5001	03	63050	2251	-	HE004	500110	HE36	-	G501637			24,772.80
20	Healthcare Services	50	5001	03	63050	2250	-	HE004	500110	HE20	-	-			7,800.00