*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

Ordinance Attachment - AC Template (Expenditure Authorization)

	Ord Number
2894-2017	2894-2017

Type: ACDI, ACPO,ACPR	Purchase Requisition (PR)#
ACPO	N/A

Line # of AC	Project ID	Procurement Category	Dept	Div.	Ob. Class	Main Acct	Fund	Subfund	Program	Sect 3	Sect 4	Sect 5	Optional Field	Planning Area	Amount	Project Name
10	P441759- 100003	Land & Buildings & Structures & Thoroughfares	59	5912	06	66210	7704	N/A	SV003	N/A	N/A	N/A	N/A	9	\$ 3,877,000.00	Ohio Health - Design
															\$ 3,877,000.00	

*If fewer than three lines please delete unnecessary rows; if more than 3 lines please insert rows

Ordinance Attachment

Template to Authorize Transfer Between Projects or Subfinds WITHIN the Same Fund

Ord Number	
2894-2017	

Transfer From:

Line #	Dept	Div.	Ob. Class	Main Acct	Fund	Subfund	Program	Sect 3	Sect 4	Sect 5	Project ID	Optional Field	Amount
1	59	5912	06	66210	7704	N/A	SV003	N/A	N/A	N/A	P590417-100001	N/A	\$ 3,877,000.00
													\$ 3,877,000.00

Transfer To:

	Line #	Dept	Div.	Ob. Class	Main Acct	Fund	Subfund	Program	Sect 3	Sect 4	Sect 5	Project ID	Optional Field	Amount	
	1	59	5912	06	66210	7704	N/A	SV003	N/A	N/A	N/A	P441759-100003	N/A	\$ 3,877,000.00	
-							-							\$ 3,877,000.00	

Project Name

Project Diagnosis - Roadways

Project Name

Ohio Health - Design