

Work Order # 1300903

Project Title: Ambulance Replacement

Expenditure Request Amount: \$182,400

YES _____ X _____ NO _____

Explanation of Cost Differences:

Previous Approp.	\$182,400
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Current Approp.	\$0
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Remaining Approp.	\$0
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TOTAL PROJECT ESTIMATE	\$182,400
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CITY MANAGER:

DATE: _____

BUDGET DIRECTOR:

DATE:

DEPT. DIRECTOR:

DATE: _____