



Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department: Health

Date: 5/7/2020

Requestor: Heather Struble, Administrator

Item description: Appliance - Refrigerator
Cost Per Item: \$1,096.15 **Quantity:** 1 **Extended Cost:** \$1,096.15

Item description: _____
Cost Per Item: _____ **Quantity:** _____ **Extended Cost:** \$0.00

Item description: _____
Cost Per Item: _____ **Quantity:** _____ **Extended Cost:** \$0.00

Item description: _____
Cost Per Item: _____ **Quantity:** _____ **Extended Cost:** \$0.00

Related expenses (eg. Shipping & Handling): _____
Total Requested Spending: \$1,096.15

Budget Account(s):	Fund	Dept	Object	Amount
	008	/ 42	/ 302000	\$ 1,096.15
	_____	/ _____	/ _____	_____
	_____	/ _____	/ _____	_____
	_____	/ _____	/ _____	_____
	Total budget lines:			<u>\$ 1,096.15</u>

Project description/justification:

This appliance was purchased with Senior Care Act Funds and Harper County will be reimbursed for this.

Attach required quotes and additional documentation as needed.

Approved Date: _____

BoCC Signature: _____