



APPROPRIATION TRANSACTION

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: Health Department

BUSINESS UNIT: KCMBU **DATE:** 8/9/2021 **JOURNAL ID:** _____

LEDGER GROUP: _____ **ADMIN** **BUDGET PERIOD:** _____ **FY22**

<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>
2480	505837	618560	G50583722	10,000.00

TOTAL 10,000.00

DESCRIPTION:
Health Forward Foundation grant for COVID-19 vaccination incentives

APPROVED BY: _____ DATE 8/9/2021 APPROVED BY: DEPARTMENT HEAD _____ DATE _____

Kitty Steffens



REQUEST FOR SUPPLEMENTAL REVENUE

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: **Health Department**

BUSINESS UNIT: **KCMBU** DATE: **8/9/2021** JOURNAL ID: _____

LEDGER GROUP: _____ REVENUE

<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>
2480	500001	480010	G50583722	10,000.00
TOTAL				10,000.00

DESCRIPTION:
Health Forward Foundation grant for COVID-19 vaccination incentives

APPROVED BY:	DATE	APPROVED BY: DEPARTMENT HEAD	DATE
Kitty Steffens	8/9/2021	_____	_____