



REQUEST FOR SUPPLEMENTAL REVENUE

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: **Law Department**

BUSINESS UNIT: **KCMBU** DATE: _____ JOURNAL ID: _____

LEDGER GROUP: **REVENUE**

	<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>
25	2580	130001	471240	G13VAWA24	\$303,044.01
				TOTAL	303,044.01

DESCRIPTION:
To estimate the grant revenue.

APPROVED BY: _____ DATE: _____ APPROVED BY: DEPARTMENT HEAD DATE: _____