



REQUEST FOR SUPPLEMENTAL REVENUE
CITY OF KANSAS CITY, MISSOURI

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>

TOTAL

-

DESCRIPTION:

APPROVED BY:

DATE

APPROVED BY: DEPARTMENT HEAD

DATE