



REQUEST FOR SUPPLEMENTAL REVENUE

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: **Law Department**

BUSINESS UNIT: **KCMBU**

DATE: **6/9/2022**

JOURNAL ID: _____

LEDGER GROUP: **REVENUE**

<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>
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TOTAL _____

DESCRIPTION:

APPROVED BY: _____

DATE _____

APPROVED BY: DEPARTMENT HEAD _____

DATE _____