



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 _____