



REQUEST FOR SUPPLEMENTAL REVENUE
CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: **Municipal Court**

BUSINESS UNIT: **KCMBU**

DATE: **2/26/2024**

JOURNAL ID: _____

LEDGER GROUP: **REVENUE**

<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>
2580	270001	480165	G27JCCMT24	\$64,414.00
TOTAL				64,414.00

DESCRIPTION:
Fiscal Year 2024 Jackson County COMBAT Grant Revenue Estimate

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