



REQUEST FOR SUPPLEMENTAL REVENUE

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: Health

BUSINESS UNIT: KCMBU DATE: 6/7/2024 JOURNAL ID: _____

LEDGER GROUP: **REVENUE**

	<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>
<u>25</u>	<u>2480</u>	<u>500001</u>	<u>472300</u>	<u>G50241925</u>	<u>\$70,568.00</u>
	TOTAL				<u>70,568.00</u>

DESCRIPTION:

APPROVED BY: _____ DATE: 6/7/2024 APPROVED BY: DEPARTMENT HEAD _____ DATE _____

Tanner Owens _____