

Ebola Virus Disease Monitoring Contract Length Object	Expenses		Total
	2015	2016	
A0110 Wages, Regular, Full		\$10,000	\$10,000
A0160 Work out of Class			
A0335 Fica Benefits			
A0360 Emp Pension Su			
A0998 Employees Charged In			
A0999 Employees Charged Out			
A Personal Services		\$10,000	\$10,000
B1012 Consultant Services			
B1255 Travel non local			
B1535 Phone Network			
B1618 Computer and WP Maintenance			
B1856 Health Management		\$5,000	\$5,000
B1857 Case Managed Client Care			
B1912 Dues and Memberships			
B Contractual Services		\$5,000	\$5,000
C2105 Books			
C2110 Gen Office Supplies		\$3,000	\$3,000
C2115 Mags, Maps, Pamphlets			
C2210 Food			
C2410 Medical and Laboratory Supplies			
C Commodities		\$3,000	\$3,000
Total		\$18,000	\$18,000

Revenues		Grant	Current	Revised	Dollar
Account Number	Revenue Account Title		Estimate	Estimate	Change
16-2480-500001-479650-G50504715	Ebola Virus Monitoring			18,000	18,000
			-	18,000	18,000

Appropriations		Current	Revised	Dollar
Account Number	Revenue Account Title	Estimate	Estimate	Change
16-2480-505047-A-G50504715	Ebola Virus Monitoring		10,000	10,000
16-2480-505047-B-G50504715	Ebola Virus Monitoring		5,000	5,000
16-2480-505047-C-G50504715	Ebola Virus Monitoring		3,000	3,000
		-	18,000	18,000



APPROPRIATION TRANSACTION
CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: HEALTH - Ebola Virus Disease Monitoring

BUSINESS UNIT: KCMBU DATE: 4/24/2015 JOURNAL ID: _____

LEDGER GROUP: APPROP

<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>	<u>INC/DEC</u>	
2480	505047	A	G50504715	10,000	INC	
2480	505047	B	G50504715	5,000	INC	
2480	505047	C	G50504715	3,000	INC	
						TOTAL 18,000

BUSINESS UNIT: KCMBU DATE: 4/24/2015 JOURNAL ID: _____
(same as above, except prefixed by a C)

LEDGER GROUP: ADMIN BUDGET PERIOD: _____

<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>	<u>INC/DEC</u>	
2480	505047	601100	G50504715	10,000	INC	
2480	505047	618560	G50504715	5,000	INC	
2480	505047	621100	G50504715	3,000	INC	
						TOTAL 18,000

DESCRIPTION: _____

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



REQUEST FOR SUPPLEMENTAL REVENUE

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: HEALTH- Ebola Virus Disease Monitoring

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>	
<u>2480</u>	<u>500001</u>	<u>479650</u>	<u>G50504715</u>	<u>18,000</u>	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	TOTAL
_____	_____	_____	_____	_____	<u>18,000</u>

DESCRIPTION:

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