





# 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
_____	_____	_____	_____