





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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL \_\_\_\_\_ -

DESCRIPTION:  
\_\_\_\_\_

APPROVED BY:  
\_\_\_\_\_

DATE  
\_\_\_\_\_

APPROVED BY: DEPARTMENT HEAD  
\_\_\_\_\_

DATE  
\_\_\_\_\_