



REQUEST FOR SUPPLEMENTAL REVENUE
CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: Mayor/Council

BUSINESS UNIT: KCMBU DATE: 4/10/2027 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:

Reviewed by	DATE	APPROVED BY: DEPARTMENT HEAD	DATE
_____	_____	_____	_____