



REQUEST FOR SUPPLEMENTAL REVENUE
CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: Health Department

BUSINESS UNIT: KCMBU

DATE: 1/15/2026

JOURNAL ID: _____

LEDGER GROUP: REVENUE

BUDGET PERIOD 2026

	<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>
<u>26</u>	2480	500001	474062	G50507826	\$45,000.00

TOTAL 45,000.00

DESCRIPTION:

APPROVED BY:

DATE

APPROVED BY: DEPARTMENT HEAD

DATE

Dana Diec

1/22/2026



JOURNAL ID:

BUDGET PERIOD: 2026

DESCRIPTION:

DATE _____

1/22/2026