



REQUEST FOR SUPPLEMENTAL REVENUE

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: **Health**

BUSINESS UNIT: **KCMBU** DATE: **6/18/2024** JOURNAL ID: _____

LEDGER GROUP: **REVENUE**

	<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>
25	2480	500001	472620	G50543725	\$62,647.00
TOTAL					62,647.00

DESCRIPTION:

APPROVED BY: _____ DATE: 6/18/2024 APPROVED BY: DEPARTMENT HEAD _____ DATE: _____

Tanner Owens



APPROPRIATION TRANSACTION

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: **Health**

BUSINESS UNIT: **KCMBU**

DATE: **6/18/2024**

JOURNAL ID: _____

LEDGER GROUP: **ADMIN**

BUDGET PERIOD: **2025**

	<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>
25	2480	505437	618560	G50543725	\$62,647.00

TOTAL 62,647.00

DESCRIPTION:

APPROVED BY: _____ DATE 6/18/2024 APPROVED BY: DEPARTMENT HEAD _____ DATE _____

Tanner Owens _____