



REQUEST FOR SUPPLEMENTAL REVENUE
CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: **Health**

BUSINESS UNIT: **KCMBU** DATE: **6/17/2024** JOURNAL ID: _____

LEDGER GROUP: **REVENUE**

	<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>
25	2480	500001	472880	G50542626B	\$123,000.00
				TOTAL	<u>123,000.00</u>

DESCRIPTION:

APPROVED BY:	DATE	APPROVED BY: DEPARTMENT HEAD	DATE
Tanner Owens	<u>6/17/2024</u>		



APPROPRIATION TRANSACTION

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: Health

BUSINESS UNIT: KCMBU DATE: 6/17/2024 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	505426	601100	G50542626B	\$116,844.00
25	2480	505426	621100	G50542626B	\$6,156.00
25					

TOTAL 123,000.00

DESCRIPTION:

APPROVED BY: _____ DATE 6/17/2024 APPROVED BY: DEPARTMENT HEAD _____ DATE _____

Tanner Owens