



# Funding Verification Form

**EVENT #:** 8225

**TITLE:** Self-Funded Health Plan Third Party Administration Services

**TOTAL FUNDING AMOUNT:**

AMOUNT
\$742,000.00

**FUNDING SOURCE:**

BUDGET YR	FUND	DEPARTMENT	ACCOUNT	ACTIVITY
2021	621 – RISK MANAGEMENT FUND	9805 – RISK MANAGEMENT MEDICAL INSURANCE	52239 – ADMIN CHARGES / EXPENSES	N/A

**NOTES**

Fiscal Impact Statement: The funding source 621.9805.52239 supports this expenditure.