



Funding Verification Form

EVENT #: 5341

TITLE: Dental and Vision Insurance

TOTAL FUNDING AMOUNT:

AMOUNT
\$0.00

FUNDING SOURCE:

BUDGET YEAR	FUND	DEPARTMENT	ACCOUNT	ACTIVITY
N/A	N/A	N/A	N/A	N/A

NOTES

There is no cost to the City for the dental or vision insurance. Premiums will be paid by the employees who are enrolled in the insurance coverage.