



Funding Verification Form

EVENT #: 11885

TITLE: Pharmacy Benefit Manager

TOTAL FUNDING AMOUNT:

AMOUNT NOT TO EXCEED

\$ 29,459,106

FUNDING SOURCE:

BUDGET YR	FUND	DEPARTMENT	ACCOUNT	ACTIVITY
2026-2028	621 - RISK MANAGEMENT	9805 - RISK MANAGEMENT MEDICAL INS	52291 - Reimburse. To Med Ins Carrier	N/A

NOTES

Fiscal Impact Statement: The funding source 621.9805.52291 supports this expenditure.