



## Funding Verification Form

**EVENT #:** 12009

**TITLE:** Wellness Platform

**TOTAL FUNDING AMOUNT:**

AMOUNT
\$85,302

**FUNDING SOURCE:**

BUDGET YR	FUND	DEPARTMENT	ACCOUNT	ACTIVITY
2025	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.