



## Funding Verification Form

**EVENT #:** 9592

**TITLE:** Dental Insurance Renewal

**TOTAL FUNDING AMOUNT:**

| AMOUNT      |
|-------------|
| \$2,052,796 |

**FUNDING SOURCE:**

| BUDGET YR | FUND               | DEPARTMENT     | ACCOUNT           | ACTIVITY |
|-----------|--------------------|----------------|-------------------|----------|
| 2027      | 101 – GENERAL FUND | 0000 - REVENUE | 21320 - LIABILITY | N/A      |

**NOTES**

Fiscal Impact Statement: The funding source 101.0000.21320 supports \$2,052,796 expenditure.