

**City of Salem - Finance Department**  
**Budget Transfer Request Form - MULTIPLE Entries - NO COUNCIL ORDER REQUIRED (within same orgs)**

Department \_\_\_\_\_

Department Head Signature \_\_\_\_\_

Date \_\_\_\_\_

Org/Obj	Description	Budgeted Amt	Current Balance	Transfer Amt
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Budget Transfer TO: \_\_\_\_\_

Budget Transfer FROM: \_\_\_\_\_ <--Please Fill in Amt

REASON (Be specific): \_\_\_\_\_

Budget Transfer TO: \_\_\_\_\_

Budget Transfer FROM: \_\_\_\_\_ <--Please Fill in Amt

REASON (Be specific): \_\_\_\_\_

Budget Transfer TO: \_\_\_\_\_

Budget Transfer FROM: \_\_\_\_\_ <--Please Fill in Amt

REASON (Be specific): \_\_\_\_\_

Budget Transfer TO: \_\_\_\_\_

Budget Transfer FROM: \_\_\_\_\_ <--Please Fill in Amt

REASON (Be specific): \_\_\_\_\_

Budget Transfer TO: \_\_\_\_\_

Budget Transfer FROM: \_\_\_\_\_ <--Please Fill in Amt

REASON (Be specific): \_\_\_\_\_

Budget Transfer TO: \_\_\_\_\_

Budget Transfer FROM: \_\_\_\_\_ <--Please Fill in Amt

REASON (Be specific): \_\_\_\_\_

Approved BY:

\_\_\_\_\_  
Finance Director

\_\_\_\_\_  
Mayor

PROCESSED:

Date: \_\_\_\_\_

JE#: \_\_\_\_\_

By: \_\_\_\_\_