

CITY OF SALEM
Capital Outlay Expenditure Request Form

To: MAYOR

From: Department _____

Date _____

Expense Line To : 20003-5860 - Equipment

Amount: \$

Expense Line To : 20003-5846 - Renovations & Repairs

Amount: \$

Description: _____

For Finance Dept and Mayor's Use Only:

City Council Approval

Recommendation:

Approved Denied

Finance Director

Mayor

Processed: Date: _____ By: _____

CO # _____ JE# _____ Trans # _____