

**City of Salem - Finance Department
MULTIPLE Expense Transfer Request Form**

Department _____

Date: _____

Department Head Authorizing Signature _____

Org/Obj	Description	Amount
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Expense Should Be Charged to: _____

Expense Originally Charged to: _____

REASON - Be Specific: _____

Expense Should Be Charged to: _____

Expense Originally Charged to: _____

REASON - Be Specific: _____

Expense Should Be Charged to: _____

Expense Originally Charged to: _____

REASON - Be Specific: _____

Expense Should Be Charged to: _____

Expense Originally Charged to: _____

REASON - Be Specific: _____

Expense Should Be Charged to: _____

Expense Originally Charged to: _____

REASON - Be Specific: _____

Expense Should Be Charged to: _____

Expense Originally Charged to: _____

REASON - Be Specific: _____

Expense Should Be Charged to: _____

Expense Originally Charged to: _____

REASON - Be Specific: _____

For Use By Finance Department:		
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Finance Director Approval _____

Date _____

Processed:

Date: _____

By: _____

JE#: _____