

CITY OF SALEM- FINANCE DEPARTMENT
EXPENSE Transfer Request Form

From: _____
Department

Date

Department Head Authorizing Signature

Only use this form if you made a payment out of one account and it should have been charged to another account - or if you want to charge an expense to a grant account that was originally paid from a budget account.

Account Expense

Should Be Charged To: Org/Obj: _____ Desc: _____

Account Expense

Originally Charged To: Org/Obj: _____ Desc: _____

Amount:

\$

Reason: _____

Finance Director Approval

Date

Processed:

Date: _____ **By:** _____ **JE#:** _____