

**CITY OF SALEM**  
**Capital Outlay Expenditure Request Form**

**To: MAYOR**

**From: Department** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Expense Line To : 20003-5860 - Equipment**

**Amount:**     \$

**Expense Line To : 20003-5846 - Renovations & Repairs**

**Amount:**     \$

**Description:** \_\_\_\_\_

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**For Finance Dept and Mayor's Use Only:**

☐ City Council Approval

**Recommendation:**

☐ Approved     ☐ Denied

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

\_\_\_\_\_  
**Mayor**

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**Processed:     Date:** \_\_\_\_\_ **By:** \_\_\_\_\_

**CO #** \_\_\_\_\_ **JE#** \_\_\_\_\_ **Trans #** \_\_\_\_\_