

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

Department _____

Date _____

Department Head Authorizing Signature _____

Org/Obj	Description	Amount
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Revenue Should Be Credited to: _____

Revenue Originally Credited to: _____

Reason - Be Specific: _____

Revenue Should Be Credited to: _____

Revenue Originally Credited to: _____

Reason - Be Specific: _____

Revenue Should Be Credited to: _____

Revenue Originally Credited to: _____

Reason - Be Specific: _____

Revenue Should Be Credited to: _____

Revenue Originally Credited to: _____

Reason - Be Specific: _____

Revenue Should Be Credited to: _____

Revenue Originally Credited to: _____

Reason - Be Specific: _____

Revenue Should Be Credited to: _____

Revenue Originally Credited to: _____

Reason - Be Specific: _____

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For Use By Finance Department:

Finance Director Approval _____

Date _____

Processed:

Date: _____

By: _____

JE#: _____