

**CITY OF SALEM – Finance Department  
REVENUE Transfer Request Form**

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

\_\_\_\_\_  
Department Head Authorizing Signature

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*Use this form if REVENUE has been credited to the WRONG account or fund.*

**Account Revenue**

**Should Be Credited To:** Org/Obj: \_\_\_\_\_ Desc: \_\_\_\_\_

**Account Revenue**

**Originally Credited To:** Org/Obj: \_\_\_\_\_ Desc: \_\_\_\_\_

**Amount:**        \$   

**Reason:** \_\_\_\_\_

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Finance Director Approval

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Date

**Processed:**

**Date:** \_\_\_\_\_ **By:** \_\_\_\_\_ **JE#:** \_\_\_\_\_