

DOC. ID:	65-25-114
FED. TAX ID.:	85-6000-130
Please Identify One:	
<input type="checkbox"/>	General Fund/Capital Outlay/Debt
<input type="checkbox"/>	Direct Grant
<input checked="" type="checkbox"/> XX	Flowthrough 24189
	(Program of Adm.)
Name	STUDENT SUPPORT ACAD
Transportation (Local Board Only)	
SELECT ONE:	
<input type="checkbox"/>	INITIAL BUDG.
<input type="checkbox"/>	INCREASE
<input type="checkbox"/>	DECREASE
<input checked="" type="checkbox"/> X	TRANSFERS

increase over \$1,000 in  
Operational (non-categorical)

## BUDGET ADJUSTMENT REQUEST

	Fiscal Year	2024-2025
ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YEAS OIM YES OR NO		No

FLOWTHROUGH ONLY

BUDGET PERIOD	July 1, 2024	TO	June 30, 2025
A. CARRYOVER			
B. TOTAL CURRENT YEAR ALLOCATION			
C. ADMINISTRATIVE POOL ALLOCATION			
TOTAL FUNDING AVAILABLE:			

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS  
CONTACT: Phyllis Timme TELEPHONE (505) 324-9840  
TOTAL APPROVED BUDGET (Flowthrough) \_\_\_\_\_

ROUND TO THE NEAREST DOLLAR

REVENUE AND FUND CODE	FUNCTION/OBJECT EXPENDITURE		DESCRIPTION	PRESENT BUDGET	AMOUNT OF ADJUSTMENT	ADJUSTED BALANCE	ADD'L FTE
	FROM	TO					
44504						\$0.00	
24189						\$0.00	
	2100.51100		Salaries Exp (JC1211)	\$6,309.00	(\$6,309.00)	\$0.00	
		1000.56118	General Supplies	\$232,128.00	\$6,309.00	\$238,437.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
				SUB TOTAL	\$0.00		
				INDIRECT COST	\$0.00		
				TOTAL	\$0.00		
Compliance with Section 10-15-I and 22-8-12 NMSA, 1978 Compilation:						Total FTE	
A. The requested budget/changes were authorized at a scheduled Board of Education meeting open to the public on:							

Compliance with Section 10-15-I and 22-8-12 NMSA, 1978 Compilation:

A. The requested budget/changes were authorized at a scheduled

Board of Education meeting open to the public on:

B. Justification for the transfer: Explanation such as "underbudgeted", "insufficient budget", or "needed to close out Project" ARE NOT ACCEPTABLE. Attach additional sheets of necessary.

FUNCTION/OBJ	JUSTIFICATION	FUNCTION/OBJ	JUSTIFICATION
	<u>TO COVER GENERAL SUPPLIES FOR CTE PROGRAMS</u>		

SCHOOL DISTRICT CERTIFICATION			SDE APPROVAL	
SUPERINTENDENT	DATE	ANALYST	PROGRAM DIRECTOR	DATE
FISCAL OFFICER	DATE		AGENCY SPPORT/SCHOOL BUD.	DATE