

STATE OF NEW MEXICO
DEPARTMENT OF EDUCATION
300 DON GASPAR
SANTA FE, NM 87501-2786

DOC. ID: 65-25-78
 FED. TAX ID.: 85-6000-130
 Please Identify One:
 General Fund/Capital Outlay/Debt
 Direct Grant
 Flowthrough 11000
 (Program of Adm.)
 Name District Operational
 SELECT ONE:
 INITIAL BUDG. (Flowthrough)
 INCREASE
 DECREASE
 MAINTENANCE
 TRANSFERS

SUBMIT COPIES (AS APPLICABLE)
 a. General Allocation Notice
 B. Publication and form 910b-5 for
 increase over \$1,000 in
 Operational (non-categorical)

BUDGET ADJUSTMENT REQUEST

Fiscal Year 2024-2025

ADJUSTMENT CHANGES INTENT/SCOPE OF PROG M 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					
43101						\$0.00	
11000	2500.58215		RESTRICTED EXPENDITURES	\$14,913,202.57	(\$239,955.00)	\$14,673,247.57	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
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						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
				SUB TOTAL	(\$239,955.00)		Total FTE
				INDIRECT COST	\$0.00		
				TOTAL	(\$239,955.00)		

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: 3/11/25
 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
	PERMANENT CASH TRANSFER FROM 11000 TO 243C FOR DENIED REIMBURSEMENT REQUESTS		

SCHOOL DISTRICT CERTIFICATION

SUPERINTENDENT	DATE
FISCAL OFFICER	DATE

SDE APPROVAL

ANALYST	PROGRAM DIRECTOR	DATE
	AGENCY SPPORT/SCHOOL BUD.	DATE