

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

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 2023-2024

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YEAR: M YES OR NO No

FLOWTHROUGH ONLY

BUDGET PERIOD	July 1, 2023	TO	June 30, 2024
A. CARRYOVER	_____		
B. TOTAL CURRENT YEAR ALLOCATION	_____		
C. ADMINISTRATIVE POOL ALLOCATION	_____		
TOTAL FUNDING AVAILABLE:	_____		

DOC. ID:	65-24-75
FED. TAX ID.:	85-6000-130
Please Identify One:	
_____	General Fund/Capital Outlay/Debt
_____	Direct Grant
<input checked="" type="checkbox"/>	Flowthrough 24106
(Program of Adm.)	
Name	Entitlement IDEA-B
SELECT ONE:	
_____	INITIAL BUDG. (Flowthrough)
_____	INCREASE
_____	DECREASE
_____	TRANSFER
<input checked="" type="checkbox"/>	MAINTENANCE

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					
44500	2400.56118		SUPPLIES & MATERIALS	\$6,910.83	(\$4,000.00)	\$2,910.83	
24106		2400.55915	OTHER CONTRACT SVCS	\$5,000.00	\$4,000.00	\$9,000.00	
						\$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		
						Total FTE	

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: 3/19/24
 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
_____	END OF YEAR EXPENSES	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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