SUBMIT COPIES (AS APPLICALBLE)
a. General Allocation Notice
B. Publication and form 910b-5 for increase ocer $1,000 in Operational (non-catagorical)

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

BUDGET ADJUSTMENT REQUEST

DOC. ID: 65-26-69
FED. TAX ID.: 85-6000-130

Please Identify One:
_____ General Fund/Capital Outlay/Debt
X Direct Grant
_____ Flowthrough 25147 (Program of Adm.)

Name _____

SELECT ONE:
_____ INITIAL BUDG. (Flowthrough)
_____ INCREASE
_____ DECREASE
X MAINTENANCE
_____ TRANSFERS

Fiscal Year 2025-2026
ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO No
FLOWTHROUGH ONLY

BUDGET PERIOD July 1, 2025 TO June 30, 2026
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 FROM	TO	DESCRIPTION	PRESENT BUDGET	AMOUNT OF ADJUSTMENT	ADJUSTED BALANCE	ADD'L FTE
44301						$0.00	
25147	1000.56118		Supplies & Materials	$100,000.00	($1,783.28)	$98,216.72	
		1000.52111	Educ Retirement (1411)	$0.00	$1,009.75	$1,009.75	
		1000.52112	ERA Ret Health (1411)	$0.00	$122.00	$122.00	
		1000.52210	FICA (1411)	$0.00	$516.95	$516.95	
		1000.52220	Medicare (1411)	$0.00	$121.38	$121.38	
		1000.52720	Workman's Compensation fee (1411	$0.00	$13.20	$13.20	
						$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	Total FTE	
				INDIRECT COST	$0.00		
				TOTAL	$0.00		

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: 2/10/26
B. Justification for the tranfer: 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
	COVER SALARY NEEDS		

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