PAGE 1 SUBMIT COPIES (AS APPLICALBLE)				STATE OF NEW MEXICO DEPARTMENT OF EDUCATION 300 DON GASPAR		DOC. ID: 65-25-90 FED. TAX ID.: 85-6000-130 Please Identify One:		
a. General Allocation	,			SANTA FE, NM 87501-2786		X General Fund/Capital Outlay/Debt		
B. Publication and fo				DEQUEST	Direct Grant			
increase ocer \$1,000 Operational (non-cata			BUDGET ADJUSTMENT	BUDGET ADJUSTMENT REQUEST				
			Fiscal Year	2024-2025	Flowthrough		4	
		INTENT/SCC	DPE OF PRO(M YES OR NO	No	Nama	(Program of Adm.)		
FLOWTHRO					Name <u>D</u>	ISTRICT OP	-	
BUDGET PERIOD July 1, 2024			, 2024 TO June 30, 2025				ł	
A. CARRYO				SELECT ONE:				
	URRENT YEA				INITIAL BUI	DG. (Flowthrough)		
C. ADMINIST	TRATIVE POC	DL ALLOCATI	ON	INCREASE				
TOTAL FUNDING AVAILABLE:					DECREASE			
		NCE						
X						S		
ENTITY NAM	/IE:	FARMINGTO	ON MUNICIPAL SCHOOLS				4	
CONTACT:		Phyllis Timm	e TELEPHONE (505) 324-984	0				
TOTAL APPI	ROVED BUDG	GET (Flowthro	0 /					
REVENUE	FUNCTIO	N/OBJECT	ROUND TO THE NEAREST D	OLLAR			T	
AND FUND	EXPENDITURE			PRESENT	AMOUNT OF	ADJUSTED	ADD'L	
CODE	FROM	ТО	DESCRIPTION	BUDGET	ADJUSTMENT	BALANCE	FTE	
						\$0.00		
11000	2100.51100		SALARY (JC 1215)	\$1,340,431.08	(\$731,281.93)	\$609,149.15	10	
	2600.55200		PROPERTY/LIABILITY INS	\$4,382,476.00	(\$410,000.00)	\$3,972,476.00		
		1000.51100	SALARY (JC 1415)	\$275,591.79	\$53,000.00	\$328,591.79	1	
		1000.51100	SALARY (JC 1611)	\$710,829.42	\$280,000.00	\$990,829.42		
		1000.51100	SALARY (JC 1612)	\$699,863.34	\$360,000.00	\$1,059,863.34		
		1000.56105	NSTRUCITONAL MATERIALS-O	\$1,323,788.60	\$383,464.62	\$1,707,253.22		
		1000.56110	NSTRUCTIONAL MATERIALS-D	\$375,000.00	\$64,817.31	\$439,817.31		
				•		\$0.00	1	
						\$0.00	1	
						\$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:

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 TO COVER EOY EXPENSES

4/8/25

FUNCTION/OBJ

(\$0.00)

\$0.00

(\$0.00)

SUB TOTAL

INDIRECT COST

TOTAL

JUSTIFICATION

Total FTE

\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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