

DOC. ID:	65-25-90
FED. TAX ID.:	85-6000-130
Please Identify One:	
<input checked="" type="checkbox"/> X	General Fund/Capital Outlay/Debt
<input type="checkbox"/>	Direct Grant
<input type="checkbox"/>	Flowthrough <input type="text" value="11000"/>
	(Program of Adm.)
Name	DISTRICT OP
SELECT ONE:	
<input type="checkbox"/>	INITIAL BUDG. (Flowthrough)
<input type="checkbox"/>	INCREASE
<input type="checkbox"/>	DECREASE
<input type="checkbox"/>	MAINTENANCE
<input checked="" type="checkbox"/> X	TRANSFERS

B. Publication and form 910b-5 for

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

BUDGET ADJUSTMENT REQUEST

Fiscal Year	2024-2025
(M YES OR NO)	No

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR 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

[illegible]

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:

4/8/25

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
	TO COVER EOY EXPENSES		

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