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

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

BUDGET ADJUSTMENT REQUEST

Fiscal Year 2023-2024
 ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO No

FLOWTHROUGH ONLY

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

DOC. ID:	65-24-37
FED. TAX ID.:	85-6000-130
Please Identify One:	
<input checked="" type="checkbox"/>	General Fund/Capital Outlay/Debt
<input type="checkbox"/>	Direct Grant
<input type="checkbox"/>	Flowthrough <u>31600</u> <small>(Program of Adm.)</small>
Name	<u>CAPITAL IMP HB-33</u>
<small>Transportation (Local Board Only)</small>	
SELECT ONE:	
<input type="checkbox"/>	INITIAL BUDG. <small>(Flowthrough)</small>
<input checked="" type="checkbox"/>	INCREASE
<input type="checkbox"/>	DECREASE
<input type="checkbox"/>	TRANSFERS

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					
11112						\$0.00	
31600		4000.56119	SUPPLY ASSETS <\$5K	\$2,074,438.00	\$1,343,207.00	\$3,417,645.00	
						\$0.00	
						\$0.00	
						\$0.00	
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						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
				SUB TOTAL	\$1,343,207.00		Total FTE
				INDIRECT COST	\$0.00		
				TOTAL	\$1,343,207.00		

Compliance with Section 10-15-1 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: 2/13/24
 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
_____	<u>FY22-23 CASH CARRYOVER</u>
_____	_____
_____	_____
_____	_____
_____	_____

FUNCTION/OBJ	JUSTIFICATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SCHOOL DISTRICT CERTIFICATION	
SUPERINTENDENT	DATE
FISCAL OFFICER	DATE

SDE APPROVAL	
PROGRAM DIRECTOR	DATE
AGENCY SPPORT/SCHOOL BUD.	DATE

ANALYST