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FLOWTHROUGH ONLY BUDGET PERIOD

A. CARRYOVER
B. TOTAL CURRENT YEAR ALLOCATION

July 1, 2024

a. General Allocation Notice

B. Publication and form 910b-5 for increase ocer \$1,000 in Operational (non-catagorical)

FISCAL OFFICER

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

BUDGET ADJUSTMENT REQUEST

Fiscal Year 2024-2025 ADJUSTMENT CHANGES INTENT/SCOPE OF PROGM YES OR NO No TO June 30, 2025

DOC. ID:	65-25-80					
FED. TAX ID		85-6000-130				
Please Identi	fy One:	•				
X	General Fund/Capital Outlay/Debt					
	Direct Grant					
	Flowthrough	31701				
	(Prog	gram of Adm.)				
Name	CAP IMPROVEMENTS SB-9					
	LOCAL					
SELECT ON	SELECT ONE:					
	_INITIAL BUDG.	(Flowthrough)				
	INCREASE					
	_DECREASE					
	MAINTENANCE					
X	TRANSFERS					

C. ADMINISTRATIVE POOL ALLOCATION TOTAL FUNDING AVAILABLE:					INCREASEDECREASEMAINTENANCE		
					X TRANSFER	RS	
ENTITY NAM	/ΙΕ:		N MUNICIPAL SCHOOLS				
CONTACT:	00/ED BUDG	Phyllis Timme SET (Flowthrou		0			
TOTAL APP	KOVED BODG	ET (FIOWITHOU	ROUND TO THE NEAREST DO	OLLAR			
REVENUE	FUNCTION/OBJECT						T
AND FUND				PRESENT	AMOUNT OF	ADJUSTED	ADD'L
CODE	FROM	TO	DESCRIPTION	BUDGET	ADJUSTMENT	BALANCE	FTE
41110						\$0.00	
31701	4000.54315		MAINTENANCE & REPAIR	\$2,850,887.00	(\$1,000.00)	\$2,849,887.00	
		2300.53712	COUNTY TAX COLLECTION	\$32,322.00	\$1,000.00	\$33,322.00	
						\$0.00	
						\$0.00	
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						\$0.00	1
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						\$0.00	+
						\$0.00	+
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						\$0.00	+
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						\$0.00	4
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						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
Compliance with Section 10-15-I and 22-8-12 NMSA, 1978 Compilation:			SUB TOTAL	\$0.00	Total FTE	:	
A. The requested budget/changes were authorized at a scheduled			INDIRECT COST	\$0.00			
Board of Education meeting open to the public on: B. Justification for the transfer: Explanation such as "underbudgeted", "insufficient budget", or "needed to close of				TOTAL	\$0.00		
Project" ARE NO	r trie tranter: Explai T ACCEPTABLE.	Attach additional sl	derbudgeted", "insufficient budget", or "needed to close oneets of necessary.	ui			

FUNCTION/OBJ **JUSTIFICATION** FUNCTION/OBJ **JUSTIFICATION** TO COVER SJC 1% TAX SCHOOL DISTRICT CERTIFICATION SDE APPROVAL SUPERINTENDENT DATE ANALYST PROGRAM DIRECTOR DATE

AGENCY SPPORT/SCHOOL BUD.

DATE

DATE