PAGE 1 SUBMIT COPIES (AS APPLICALBLE)				STATE OF NEW MEXICO DEPARTMENT OF EDUCATION 300 DON GASPAR SANTA FE, NM 87501-2786			DOC. ID: 65-25-50				
							ON	FED. TAX ID.: 85-6000-130			
							Please Identify One:				
a. General Allocation Notice							i	General Fund/Capital Outlay/Debt			
	and form 910b-	5 for									
increase ocer	BUDGET ADJUSTMENT REQUEST			EST	X Direct Grant						
Operational (r	ion-catagorical)			5		0004 0005			Etc. d	05445	
AD HIOTAEN	T 0114N10F0 IN	TENT/OOODE O	E DD00D	Fiscal Year		2024-2025	_		Flowthrough		- 、
		ITENT/SCOPE C	F PROGR	AM YES OF	RNO	No	-			(Program of Adr	n.)
FLOWTHROUGH ONLY BUDGET PERIOD July 1, 2024				TO I	- 20 (2005		Name		ID SPECIAL ED	-
BUDGET PER		July 1, 2	TO Jur	ne 30, 2	2025		SELECT (portation (Loca	ii Board Only		
A. CARRY OVER B. TOTAL CURRENT YEAR ALLOCATION					•	40,050.00		SELECT	JINE: INITIAL BUD	G. (Flowthr	ough)
C. ADMINISTRATIVE POOL ALLOCATION				•	Ψ	40,030.00		X	INCREASE	G. (Flowiiii	ougn)
TOTAL FUNDING AVAILABLE:				<u>\$</u> \$		40,050.00		^	DECREASE		
TOTAL TONDING AVAILABLE.				Φ		40,030.00			DECREASE		
									TRANSFERS	3	
									_ 110,1101 E10	5	
ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS											
LIVIII I IV		174(1/1111011011	IVIOI 70	L GOLIGOEO							
	•										
CONTACT:		Phyllis Timme		_ TELEPHON	IE · /50	5) 324-0940					
CONTACT.		Filyllis Illillile		TEELFHON	IL. (30)	0) 324-3040	•				
TOTAL APPR	OVED BUDGET	Γ (Flowthrough)									
			ROUN	D TO THE NE	ARES	Γ DOLLAR					
REVENUE	FUNCTIO	N/OBJECT									
AND FUND	JND EXPENDITURE					PRESENT		AMOUNT OF		ADJUSTED ADD'L	
CODE	FROM TO		DE	ESCRIPTION		BUDGET		ADJU	JSTMENT	BALANCE	FTE
44301											
25145		2100.56118	SUPPLIES	3				\$	38,640.24	\$ 40,050.00	
Compliance with Section 10-15-I and 22-8-12 NMSA, 197				•	:	SUB TOT		\$	38,640.24	Total FT	E
A. The requested budget/changes were authorized at a se						INDIRECT COST			\$1,409.76		
Board of Education meeting open to the public on: B. Justification for the tranfer: Explanation such as "under				1/14/2		TOTAL		\$	40,050.00		
		•		•		nt budget", c	or "ne	eded to clos	se out		
Project" ARE	NOT ACCEPTA	BLE. Attach add	litional shee	ets of necessa	ry.						
			JUSTIFICA	JSTIFICATION			FUN	CTION/OB.	J JU:	STIFICATION	
Impact Aid			Aid Vouch	Aid Voucher 12/30/24							
						_					
						_					
	١				SDE APPROVAL						
				Korth	Ellsworth						
SUPERINTENDENT			DATE:			l l		GRAM DIRECTOR DATE			
20. 2										5,112	
FISCAL OFFI	CER			DATE:			AGEN	ICY SPPOR	RT/SCHOOL B	UD. DATE	