

DOC. ID: _____	
FED. TAX ID.: _____	85-6000-130
Please Identify One:	
_____	General Fund/Capital Outlay/Debt
_____	Direct Grant
_____	Flowthrough _____ (Program of Adm.)
Name _____	
Transportation (Local Board Only)	
SELECT ONE:	
_____	INITIAL BUDG. _____ (Flowthrough)
_____	INCREASE
_____	DECREASE
_____	MAINTENANCE
_____	TRANSFERS

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

REVENUE AND FUND CODE	FUNCTION/OBJECT EXPENDITURE		DESCRIPTION	PRESENT BUDGET	AMOUNT OF ADJUSTMENT	ADJUSTED BALANCE	ADD'L FTE
	FROM	TO					
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
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						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
				SUB TOTAL	\$0.00		
				INDIRECT COST	\$0.00		
				TOTAL	\$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:

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A. The requested budget/changes were authorized at a scheduled

Board of Education meeting open to the public on:

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

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