

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

BUDGET ADJUSTMENT REQUEST

SUBMIT COPIES (AS APPLICABLE)

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

Fiscal Year 2009-2010
ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YEAS M YES OR NO No

FLOWTHROUGH ONLY

BUDGET PERIOD	<u>July 1, 2009</u>	TO	<u>June 30, 2010</u>
A. CARRYOVER	_____		
B. TOTAL CURRENT YEAR ALLOCATION	_____		
C. ADMINISTRATIVE POOL ALLOCATION	_____		
TOTAL FUNDING AVAILABLE:	_____		

DOC. ID:	<u>65-10-81</u>
FED. TAX ID.:	<u>85-6000-130</u>
Please Identify One:	
_____	General Fund/Capital Outlay/Debt
_____	Direct Grant
<input checked="" type="checkbox"/>	Flowthrough <u>13000</u>
	(Program of Adm.)
Name	<u>Transportation</u>
SELECT ONE:	
_____	INITIAL BUDG. (Flowthrough)
<input checked="" type="checkbox"/>	INCREASE
_____	DECREASE
_____	TRANSFERS

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS
CONTACT: James Barfoot 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					
1								
2	13000		55200	Property/Lib Insurance	\$0.00	\$1,000.00		
3	43206							
7			55813	Employee Travel		\$1,000.00		
4								
6			55916	Bus Inspections		\$1,000.00		
5								
13			51300622	Additional Comp/Bus Drivers		\$5,000.00		
14								
16			56215	Tires		\$10,000.00		
15								
9			56216	Maint/Parts		\$26,365.00		
10								
11								
12								
17								
18								
19								
20								
					SUB TOTAL	\$44,365.00		
					INDIRECT COST			
					TOTAL	\$44,365.00		

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:

2/25/10

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
_____	Final Allocation	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL DISTRICT CERTIFICATION	
SUPERINTENDENT	DATE
FISCAL OFFICER	DATE

ANALYST

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

