

**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)

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

**FLOWTHROUGH ONLY**

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

DOC. ID:	65-10-82
FED. TAX ID.:	85-6000-130
Please Identify One:	
<input type="checkbox"/>	General Fund/Capital Outlay/Debt
<input checked="" type="checkbox"/>	Direct Grant
<input type="checkbox"/>	Flowthrough <u>26174</u>
	(Program of Adm.)
Name	<b>Parents Reaching Out</b>
Transportation (Local Board Only)	
SELECT ONE:	
<input type="checkbox"/>	INITIAL BUDG. (Flowthrough)
<input checked="" type="checkbox"/>	INCREASE
<input type="checkbox"/>	DECREASE
<input type="checkbox"/>	TRANSFERS

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS  
CONTACT: Colleen Cross 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					
26174		2100.53330	Prof Development Training		\$500.00		
41921		2100.55813	Employee Travel		\$1,000.00		
		2100.55915	Other Contract Services		\$2,000.00		
		2100.56118	General Supplies		\$24,000.00		
		2100.57332	Supply Assets <1000		\$5,000.00		
SUB TOTAL					\$32,500.00		Total FTE
INDIRECT COST					\$0.00		
TOTAL					\$0.00		

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
_____	Awards Letter 09-10	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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