

Must submit backup for all BARs,  
except transfers of funds for SEG or  
direct grants

**STATE OF NEW MEXICO**  
**PUBLIC EDUCATION DEPARTMENT**  
300 Don Gaspar Santa Fe, NM 87501-2786  
**Budget Adjustment Request**

Doc. ID: 019-000-1415-0026-D

Fund Type: Direct Grant

Adjustment Type: Decrease

Fiscal Year: 2014-2015

Entity Name: Gadsden

Adjustment Changes Intent/Scope of Program Yes or No?: No

Contact: Erica Villarreal

Total Approved Budget (Flowthrough):

Phone: 575-882-6244

Email: evillarreal@gisd.k12.nm.us

<b>FLOWTHROUGH ONLY</b>	Budget Period: Jul 1 2014 12:00AM	To: Jun 30 2015 12:00AM
A. Approved Carryover:		
B. Total Current Year Allocation:		
D. Total Funding Available:		

Revenue 25153.0000.11112 (\$101,564)

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
25153 Title XIX MEDICAID 3/21 Years	2200 Support Services-Instruction	57332 Supply Assets (\$5,000 or less)	0000 No Program	0000 No Job Class	\$265,677	(\$101,564)	\$164,113	
Sub Total						(\$101,564)		
Indirect Cost								
<b>DOC. TOTAL</b>						(\$101,564)		

**Justification:**

Decrease to Fund 25153 Medicaid Fund for the actual June 30, 2014 cash balance. \$101,564 is reflected as a decrease to adjust the budget to the actual cash available at June 30, 2014.

Compliance with Sections 10-15-1 and 22-8-12, NMSA, 1978 Compilation:

A. The requested budget/changes were authorized at a scheduled Board of Education or Governance Council 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 if necessary.

ALL TRANSFER BARS MUST NET OUT TO ZERO ON THE DOC. TOTAL LINE.