

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: 019-000-1617-0041-IB  
Fund Type: Flowthrough  
Adjustment Type: Initial Budget

Fiscal Year: 2016-2017

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: 07/01/2016	To: 06/30/2017
A. Approved Carryover:		
B. Total Current Year Allocation:		
D. Total Funding Available:		

Revenue 24108.0000.44500      \$6,000

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
24108 New Mexico Autism Project	1000 Instruction	56118 General Supplies and Materials	2000 Special Programs	0000 No Job Class		\$4,000	\$4,000	
24108 New Mexico Autism Project	2100 Support Services-Students	55818 Other Travel - Non-Employees	2000 Special Programs	0000 No Job Class		\$2,000	\$2,000	
Sub Total						\$6,000		
Indirect Cost								
<b>DOC. TOTAL</b>						\$6,000		

**Justification:**

Initial BAR for NM Autism project

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.