

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:** 064-001-1516-0008-M  
**Fund Type:** Flowthrough  
**Adjustment Type:** Maintenance

**Fiscal Year:** 2015-2016

**Entity Name:** Mosaic Academy Charter

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

**Contact:** Nancy J Ross, Business Manager

**Total Approved Budget (Flowthrough):**

**Phone:** 505-330-3203

**Email:** nancyross@q.com

<b>FLOWTHROUGH ONLY</b>	<b>Budget Period:</b> 07/01/2015	<b>To:</b> 06/30/2016
<b>A. Approved Carryover:</b>		
<b>B. Total Current Year Allocation:</b>		
<b>D. Total Funding Available:</b>		

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
24106	2100 Support	52710 Workers	0000 No	0000 No Job		\$9	\$9	
Entitleme	Services-Students	Compensation	Program	Class				
nt IDEA-B		Premium						
Sub Total						\$9		
Indirect Cost						(\$9)		
DOC. TOTAL						\$0		

**Justification:**

Movement of budget to meet expenditure needs.

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.

<b>Approvals by Digital Signature</b>		
<u>Name</u>	<u>Role</u>	<u>Date</u>
Nancy Ross	Business Manager	9/14/2015 2:06:28 PM