

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: 064-001-1617-0001-I

Fund Type: Capital Outlay

Adjustment Type: Increase

Fiscal Year: 2016-2017

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>	
Budget Period: Jul 1 2016 12:00AM	To: Jun 30 2017 12:00AM
A. Approved Carryover:	
B. Total Current Year Allocation:	
D. Total Funding Available:	

Revenue 27107.0000.43204                      \$251

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
27107 2012 GOBond Student Library SB-66	2200 Support Services-Instruction	56118 General Supplies and Materials	0000 No Program	0000 No Job Class		\$251	\$251	
Sub Total						\$251		
Indirect Cost								
DOC. TOTAL						\$251		

**Justification:**

To establish budget for remaining allocation.

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	9/10/2016 10:35:21 PM