

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:** 064-001-1718-0007-IB  
**Fund Type:** General Fund / Capital  
Outlay / Debt Service  
**Adjustment Type:** Initial Budget

**Fiscal Year:** 2017-2018

**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> Jul 1 2017 12:00AM	<b>To:</b> Jun 30 2018 12:00AM
<b>A. Approved Carryover:</b>	
<b>B. Total Current Year Allocation:</b>	
<b>D. Total Funding Available:</b>	

Revenue 31200.0000.43209 \$118,260

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
31200 Public School Capital Outlay	4000 Capital Outlay	54610 Rental - Land and Buildings	0000 No Program	0000 No Job Class		\$118,260	\$118,260	
Sub Total						\$118,260		
Indirect Cost								
DOC. TOTAL						\$118,260		

**Justification:**

To establish budget for the Lease Agreement Award.

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	10/12/2017 1:16:52 PM