

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: 064-001-1617-0004-I

Fund Type: Flowthrough

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):

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Email: nancyross@q.com

<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 31701.0000.11111                      \$2,839

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
31701 Capital Improvem ents SB-9 Local	4000 Capital Outlay	57332 Supply Assets (\$5,000 or less)	0000 No Program	0000 No Job Class	\$18,000	\$2,839	\$20,839	
Sub Total						\$2,839		
Indirect Cost								
<b>DOC. TOTAL</b>						\$2,839		

**Justification:**

To budget the difference between cash projected in the Original Budget and the actual cash we ended FY16 with.

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 10:39:47 PM