

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: 641-000-1819-0033-1
Fund Type: Direct Grant

Adjustment Type: Increase

Entity Name: Coral Community Charter
Contact: Angela Lerner, Business Manager
Phone: 505-459-1895
Email: alerner@coralcharter.com

Fiscal Year: 2018-2019
Adjustment Changes Intent/Scope of Program Yes or No?: No
Total Approved Budget (Flowthrough):

FLOWTHROUGH ONLY Budget Period: Jul 1 2018 12:00AM To: Jun 30 2019 12:00AM
A. Approved Carryover:
B. Total Current Year Allocation:
D. Total Funding Available:

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
Revenue 25153.0000.44301						\$3,460	\$3,460	0.20
25153 Title XIX MEDICAL D 3/21 Years	2400 Support Services-School Administration	51100 Salaries Expense	0000 No Program	1217 Secretarial/Cleri- cal/Technical Assistants				
25153 Title XIX MEDICAL D 3/21 Years	2400 Support Services-School Administration	52210 FICA Payments	0000 No Program	0000 No Job Class		\$220	\$220	
25153 Title XIX MEDICAL D 3/21 Years	2400 Support Services-School Administration	52220 Medicare Payments	0000 No Program	0000 No Job Class		\$94	\$94	
Sub Total						\$3,774		0.20
Indirect Cost								
DOC. TOTAL						\$3,774		

Justification:
Cash receipt log from accounting system. We have collected more money than what we have budgeted as getting.

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.

Cycle: FY2019: Beginning Customer Code: 23-Medicaid; Ending Customer Code: 23-Medicaid; Begin Date: 7/1/2018; End Date: 3/18/2019

Customer Name
23 - Medicaid

Batch No.	Receipt No.	Method	Reference No.	Date	Description	Amount
CR19-0058	00001	Other		11/27/2018	Medicaid	\$ 952.80
CR19-0060	00001	Check		11/19/2018	medicaid	\$ 2,216.38
CR19-0078	00001	Other		12/26/2018	Medicaid Reimbursement	\$ 511.92
CR19-0090	00001	Cash		12/13/2018	Medicaid	\$ 54.27
CR19-0092	00001	Other		12/11/2018	Medicaid	\$ 689.61
CR19-0110	00001	Other		1/8/2019	medicaid reimbursement	\$ 187.94
CR19-0119	00001	Other		1/23/2019	Medicaid	\$ 242.90
CR19-0128	00001	Other		2/20/2019	Medicaid	\$ 628.25
CR19-0132	00001	Other		2/5/2019	Medicaid	\$ 320.83
CR19-0146	00001	Other		3/5/2019	medicaid	\$ 169.40
CR19-0149	00001	Check		3/4/2019	medicaid	\$ 319.44
Subtotal						<u>\$ 6,273.74</u>
Total						<u>\$ 6,273.74</u>

-2500 budget

3773.74

vs 3774

increase in budget