

## Exhibit D

**Higher Education Department  
Health Care Authority  
Income Support Division**

## BUDGET ADJUSTMENT REQUEST

**CONTRACTOR:**

Date:

Agreement No:

**ATTACH JUSTIFICATION NARRATIVE FOR EACH LINE ITEM**

I certify that the above is required for efficient program operation.

Authorized Signature:

Date:

**FOR HCA USE ONLY**

 **APPROVED**

Date:



**APPROVED**



**DISAPPROVED**