**Budget Appeal   
Affidavit – Emergency and Natural Disaster Expenses**

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| 1. **Student Information** | | | | | | | | |
| **Student Name:** |  | | | **7-digit NAU ID Number:** | | |  | |
| **Phone:** |  | | | **NAU Email:** | | |  | |
| **B. Emergency or Natural Disaster Information** | | | | | | | | |
| **Date or Date Range That Emergency or Natural Disaster Occurred** | | **Detailed Description of Emergency or Natural Disaster** | | | | | | |
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| **C. Expenses Related to Emergency or Natural Disaster**  Provide copies of Itemized receipts, in the student’s name, listing expenses incurred, expense amount, paid amount, date paid and must be on business letterhead or invoice. Only expenses not covered by insurance or other parties can be considered. | | | | | | | | |
| **Detailed Description of Expense** | | | **Vendor / Business** | | | **Date Paid** | | **Amount Paid** |
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| **Total Amount of Expenses Paid** | | | | | | | |  |
| **D. Agreement and Understanding** | | | | | | | | |
| By signing below, I acknowledge that I have read and understood all the information outlined in this form. I attest that all information that I am providing is true and accurate. I acknowledge that I understand that only expenses incurred by me, as the student, are considered for the appeal process.  **Signature must be hand-written, typed or electronic signatures will not be accepted.** | | | | | | | | |
| **Typed – Student First and Last Name** | | | | |  | | | |
| **Student Signature** | | | | |  | | | |
| **Date** | | | | |  | | | |