**Budget Appeal
Affidavit – Program Expenses**

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| 1. **Student Information**
 |
| **Student Name:** |  | **7-digit NAU ID Number:** |  |
| **Phone:** |  | **NAU Email:** |  |
| **B. Short-Term Housing / Utility Expenses**Provide copies of paid receipts and a copy of your clinical rotation schedule / student teaching assignment, etc.**Change in policy:** Students no longer have to complete the clinical **before** submitting paid receipts. In order to be considered for the AY 2023 – 2024 Aid Year, all receipts must be submitted before the Budget Appeal deadlines. |
| **Detailed Description of Housing / Utility Expense** | **Location** **(City and State)** | **Total Cost**  | **I am responsible for:** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
| **Total Short-Term Housing / Utility Expenses** |  |  |
| **C. Books, Supplies, and Equipment Expenses**Provide copies of paid, itemized receipts in the student’s name for each item listed. |
| **Detailed Description of Items Purchased** | **Vendor / Business** | **Date Paid** | **Amount Paid** |
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| **Total Books, Supplies, and Equipment Expenses** |  |
| **D. Travel for Educational Purposes****Provide copy of electronic map showing miles driven (Google, MapQuest, etc.).****There are enough fields to document 18 round trips. If you need more space, please attach a separate piece of paper containing the same information for the additional trips.** |
| **Date and Time** **of Travel** | **Starting Location****(City and State)** | **Ending Location****(City and State)** | **Total Number of Miles Driven** | **Miles Driven \* $.625 per mile** |
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| **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** |  |