**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:** |
|  | | | |  | | | |  | | | **%** |
|  | | | |  | | | |  | | | **%** |
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|  | | | |  | | | |  | | | **%** |
| **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** | | | | | |  | | | | | |