**Budget Appeal   
Affidavit - Transportation**

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| 1. **Student Information** | | | | | | | | | | | |
| **Student Name:** | |  | | | | | **7-digit NAU ID Number:** | | | |  |
| **Phone:** | |  | | | | | **NAU Email:** | | | |  |
| **B. Commuting Expenses** | | | | | | | | | | | | |
| Include a copy of an electronic map showing distance traveled. | | | | | | | | | | | | |
| **Distance driven - Round Trip** | **Frequency - # of days per week** | | | **Total miles**  **per week** | **Address travelling from \*Include destination name, address, city, state and zip code** | | | **Address Traveling to**  **\*Include destination name, address, city, state and zip code** | | | | |
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| **C. Major Vehicle Repair or Maintenance Costs** | | | | | | | | | | | | |
| **Include copies of paid, itemized receipts in the student’s name on business letterhead.**  **Quotes cannot be considered.** | | | | | | | | | | | | |
| **List whether Repair (R) or Maintenance (M)** | | | **Date of Repair / Maintenance** | | | **Detail of what expense was incurred** | | | | **Amount Paid** | | |
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| **Total Major Vehicle Repair or Maintenance Costs** | | | | | | | | | |  | | |
| **D. Vehicle Insurance** | | | | | | | | | | | | |
| **Name of Insurance Provider** | | | | | | | | | | **Amount Paid** | | |
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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** | | | | | | | | |  | | | |