**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** |  |