



OFFICE OF FINANCIAL AID  
 P.O. Box 10 Peru, NE 68421  
 402-872-2228 | Fax: 402-872-2419  
 onestop@peru.edu

**23-24 Mileage Adjustment Appeal**

PRIDE • EXCELLENCE • RESILIENCE • UNITY

Student Name \_\_\_\_\_ NUID \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Where do you commute from? \_\_\_\_\_  
 City State

How many miles do you commute to campus round trip each day? \_\_\_\_\_  
 A

How many days per week do you commute to campus for classes? \_\_\_\_\_  
 B

**Signature:** Signing this form certifies that all the information reported on it is complete and correct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO: Peru State College One Stop Office (Fax, myPSC Upload, US Mail: details above)**

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

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Financial Aid Use Only

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ miles per week  
 A B C

\_\_\_\_\_ X 32 weeks (average) = \_\_\_\_\_ total miles  
 C D

\_\_\_\_\_ X \_\_\_\_\_ IRS mileage rate = \$ \_\_\_\_\_  
 D E

\_\_\_\_\_ less \_\_\_\_\_ COA budget transportation allowance = \$ \_\_\_\_\_  
 E

For Office Use  
 FA Form  
**34APML**  
 Revised 10-07-2022

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