



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

22-23 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.

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 _____ standard transportation allowance = \$ _____
E

For Office Use
FA Form
33APML
Revised 10-01-2021

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