



### Letter of 15 – Day Quarantine Payment Settlement for Student

\* Please complete the form using word processor, except for the signature. \*

Personal Information	
Name:	Surname:
ID/Passport Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student ID (if any):	
Study Program at Mahidol University: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master’s <input type="checkbox"/> Doctoral <input type="checkbox"/> Others (Please specify): ..... Affiliated or Host Faculty/College/ Institute: .....	
Status: <input type="checkbox"/> Full-time student with full scholarship <input type="checkbox"/> Full-time student with partial scholarship <input type="checkbox"/> Full-time student without scholarship <input type="checkbox"/> Non-full-time student (Please specify): <input type="radio"/> Exchange student <input type="radio"/> Visiting student <input type="radio"/> Internship trainee <input type="radio"/> Fellowship trainee <input type="radio"/> Residency trainee	
Duration	
Check – in date:	Check – out date (discharge):
Payment	
<input type="checkbox"/> Full payment by full-time student who is entitled to full scholarship (THB 33,800) <input type="checkbox"/> Shared between the University (THB 16,900) and full-time student who is entitled to partial or non-scholarship (THB 16,900) <input type="checkbox"/> Shared between the University (THB 27,400) and non-full-time student (THB 27,400) <input type="checkbox"/> Full Payment or Partially subsidized by the Affiliated or Host Faculty (THB .....), ..... THB in total. Please fill out Budget Debit Approval section below.	
<i>Payment for the 15-day quarantine (including 3 meals per day, 2-times COVID-19 test fees and transportation) must be made at the hospital upon the date of discharge.</i>	
Budget Debit Approval	
<ul style="list-style-type: none"> <li>The affiliated Faculty/College/Institute must allow Finance Division, Mahidol University, to debit the payment from the affiliated Faculty’s budget by indicating budgeting category, to make the payment to CNMI directly.</li> <li>This budget debit approval procedure <u>does not cover</u> the Faculty of Medicine Ramathibodi Hospital, Faculty of Medicine Siriraj Hospital, College of Management, College of Music, and Mahidol University International College.</li> </ul>	
*In case of full payment or partially subsidized by affiliated faculty  Budgeting category: .....  Confirmed by: ..... (.....) Finance and Accounting Officer  Phone number: .....	This budget debit is acknowledged & approved by  ..... (.....)  Dean/Director  or the Authorized Person of the Host Affiliate