



7 Days with 1 Test (vaccinated & holding a medical certificate with a laboratory result within 72 hours before flying)

Letter of Payment Settlement for Staff

* 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
Position:	
Affiliated or Host Faculty/College/Institute:	
Home Country:	
Status: <input type="checkbox"/> Mahidol University staff (MU staff) <input type="checkbox"/> Visiting academic staff (please specify): <input type="checkbox"/> Visiting lecturer / professor <input type="checkbox"/> Visiting researcher <input type="checkbox"/> Others (Please specify):	
Duration	
Check – in date:	Check – out date (discharge):
Payment	
<input type="checkbox"/> Full payment by MU staff (THB 16,900) <input type="checkbox"/> Full payment by visiting academic staff/others (THB 27,400) <input type="checkbox"/> Full payment by affiliated or host faculty (THB.....) <input type="checkbox"/> Shared between Affiliated Faculty (THB) and MU staff (THB), THB 16,900 in total. Please fill out Budget Debit Approval section below. <input type="checkbox"/> Shared between Host Faculty (THB) and visiting academic staff/others (THB), THB 27,400 in total. Please fill out Budget Debit Approval section below.	
<p><i>Payment for the 7-day quarantine (including 3 meals per day, 1-time COVID-19 test fees and transportation) must be made at the hospital upon the date of discharge and must be made by cash in Thai baht only or credit card.</i></p>	
Budget Debit Approval	
<ul style="list-style-type: none"> • 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. • 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. 	
<p>*In case of full payment or partially subsidized by affiliated faculty</p> <p>Budgeting category:</p> <p>Confirmed by: (.....) Finance and Accounting Officer</p> <p>Phone number:</p>	<p>Please select the suitable box(es):</p> <p><input type="checkbox"/> I approved this budget debit.</p> <p><input type="checkbox"/> I acknowledged the status of this quarantined person.</p> <p>..... (.....) Dean/Director or the Authorized Person of the Host Affiliate</p>