



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

### Letter of 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): <ul style="list-style-type: none"><li><input type="radio"/> Exchange student</li><li><input type="radio"/> Visiting student</li><li><input type="radio"/> Internship trainee</li><li><input type="radio"/> Fellowship trainee</li><li><input type="radio"/> Residency trainee</li></ul>	
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 16,900) <input type="checkbox"/> Shared between the University (THB 8,450) and full-time student who is entitled to partial or non-scholarship (THB 8,450) <input type="checkbox"/> Shared between the University (THB 13,700) and non-full-time student (THB 13,700) <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 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 <b>by cash in Thai baht only or credit card.</b></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: .....	<b>Please select the suitable box(es):</b> <input type="checkbox"/> I approved this budget debit. <input type="checkbox"/> I acknowledged the status of this quarantined person.  ..... (.....)  Dean/Director or the Authorized Person of the Host Affiliate