



14 Days with 3 Tests

### Letter of Payment Settlement for Staff (effective from 1<sup>st</sup> October 2021)

\* 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 39,000) <input type="checkbox"/> Full payment by visiting academic staff/others (THB 60,000) <input type="checkbox"/> Full payment by affiliated or host faculty (THB.....) <input type="checkbox"/> Shared between Affiliated Faculty (THB ..... ) and MU staff (THB .....), THB 39,000 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 60,000 in total. Please fill out Budget Debit Approval section below.	
<i>Payment for the 14-day quarantine (including 3 meals per day, 3-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>	
<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><b>Please select the suitable box(es):</b></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>