



**14 Days with 3 Tests**

## Letter of Payment Settlement for Student (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	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): .....		Status: <input type="checkbox"/> Full-time student <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
Affiliated or Host Faculty/College/ Institute:		
OR		
High school student at: <input type="checkbox"/> Mahidol University International Demonstration School (MUIDS) <input type="checkbox"/> Mahidol Wittayanusorn School <input type="checkbox"/> Pre-College Project at College of Music, Mahidol University <input type="checkbox"/> Preparation Center (PC) for Languages and Mathematics at Mahidol University International College		
Duration		
Check – in date:	Check – out date (discharge):	
Payment		
<input type="checkbox"/> Full payment by full-time student/high school student (THB 39,000) <input type="checkbox"/> Full payment by non-full-time student (THB 60,000) <input type="checkbox"/> Full Payment or Partially subsidized by the Affiliated or Host Faculty (THB ..... ) and student (THB ..... ), ..... THB 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>		
*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	