

10 Days with 2 Tests (have not been vaccinated or have not been fully vaccinated)

Letter of Payment Settlement for Staff (effective from 1st 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="radio"/> Visiting lecturer / professor <input type="radio"/> 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 28,400) <input type="checkbox"/> Full payment by visiting academic staff/others (THB 43,400) <input type="checkbox"/> Full payment by affiliated or host faculty (THB.....) <input type="checkbox"/> Shared between Affiliated Faculty (THB) and MU staff (THB), THB 28,400 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 43,400 in total. Please fill out Budget Debit Approval section below.	
<i>Payment for the 10-day quarantine (including 3 meals per day, 2-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>	
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>..... (.....)</p> <p style="text-align: center;">Dean/Director or the Authorized Person of the Host Affiliate</p>