

INPUT/DATE

Application For Medical Reimbursement

(For graduate students)

Re ๑๓

Date

Subject A request for medical reimbursement

To Vice President for student Affairs and alumni

I (Mr/Mrs. /Ms.).....Surname.....

Student Number.....Faculty/College/Institute.....

Covenient Phone NumberParent’s Phone Number.....

Received treatment at Public hospitalPrivate hospital , Specify name of the hospital.....

ProvinceSymptoms.....

In this respect, I request medical reimbursement according to the Mahidol University announcement (only the part that can be reimbursed under Ministry of Finance Regulations) by Specifying that government hospitals can reimburse not more than 10,000 bath and private hospitals can reimburse not more than 5,000 bath. And I have made an advanced payment in the amount of bath (.....)

Please enter your account Bank name(Student only)

Account number.....Bankname.....

E-MAIL

Please consider providing assistance the medical to disburse the medical expenses mentioned. I sincerely appreciate your consideration.

Best regards

.....

(.....)

Date.....Month.....year.....

(Graduate Student Affairs)

For the Graduate Staff

Checked the documents and correct and complete

Sing.....Guarantor (staff)...../...../.....

Sing..... Guarantor (supervisor)...../...../.....

To Vice President for student Affairs and Alumni for consideration

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(.....)

Attachment to Application

- Original receipt
- Medical Examiner’cercitate (Original) stating the symptoms being treated or a doctor’ diagnosis.
- A Copy of effective student card (must not expire) Or Virtual ID Card form We Mahidol Application with certification 1 copy
- A Copy Passport with certification 1 copy
- A copy of front page of the account book The Siam commercial Bank Public Company. Has the name of the student. If attaching a copy the other Bank’ passbook. The university will deductthe transfer as actually paid from medical expenses that must be reimbursed to students.

Request approval for medical expense reimbursement (For staff)

Non-reimbursable because

Reimbursable

Pay to

In the amount ofbath

(.....)

Category G400-Medical and Dental Expenses from the student health. Fiscal year..... , by Treasury Division to continue .

Sing.....Guarantor (staff)...../...../.....

Sing..... Guarantor (supervisor)...../...../.....

Deemed appropriate for approval

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(Mrs. Kirati Sornkum)

Director, Division of Student Affairs

Approved

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(Asst. Prof. Flg. Off. Chatchai Kunavisarut)

Vice President for student Affairs and Alumni