

Medical Reimbursement Form

Date.....Month.....Year

ที่ อว 78.014/

Subject Request for Medical Reimbursement

Dear Vice President for Student Affairs and Alumni

I (Mr./ Mrs./ Miss) Last name Year

Student ID Faculty/ College/ Institute

Telephone Number E-mail

Has been serving hospital Government hospital Private hospital (an emergency case)

Medical treatment at (Name of hospital or nursing unit).....

Illness.....

Dental treatment at (Name of hospital or nursing unit).....

Symptom of dental treatment.....

I, therefore, would like to reimburse the medical payment in the amount of Baht (.....) according to the announcement of Mahidol University Regulations, to pay by :

1. Case attach a copy of the SCB bank account passbook for Mahidol University to transfer to SCB bank account number Account name

2. Case Not attach a copy of the SCB bank account passbook and medical expenses less than 300 baht, waiting for verification document, and staff will contact you back to make an appointment to pick up cash at Division of Finance, 3rd floor, Office of the President.

3. Case Not attach a copy of the SCB bank account passbook and medical expenses over 300 Baht. Cheque to (Name)

Attached Documents

- Receipt of medical treatment. (original)
- Copy of Student Card and copy of Passport (Not Expired)
- Copy of The Siam Commercial Bank Account (student signs to certify the copy)
- List of drugs outside the national main drug list and drug certificates
- Medical Certificate (original) for emergency case

Yours sincerely,

(.....)

Student

Approve

(Mrs. Kirati Sornkum)

Director, Division of Student Affairs

Approve

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

Vice President for Student Affairs and Alumni

ขออนุมัติเบิกค่ารักษาพยาบาล/ค่ารักษาทางทันตกรรม

ให้แก่.....

จำนวน บาท (.....)

จากเงินกองทุนค่าบริการสุขภาพนักศึกษา

(.....) งบประมาณ

โดยขอให้กองคลังดำเนินการต่อไป

Sign..... Date.....

(Certificate authorities)

Sign..... Date.....

(Head of Student Services and Welfare)