

Division of Student Affairs, Mahidol University
Medical / Dental Expense Reimbursement Claim Form

ที่ อว

Date

Subject Request for Medical/ Dental expense Reimbursement

Dear Vice President for Student Affairs and Alumni

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

Student ID Nationality Passport number.....

(Faculty/College/Institution)

Telephone Number

I have accessed to medical treatment services with (symptoms)

..... at (Hospital name)

has been serving as State hospital Private hospital (an emergency case) which I have paid the expense in advance because :

From the examination of the affiliated hospitals with Mahidol University and network does not appear student information on the day of serving.

Did not show evidence of being a student of Mahidol University.

Student card expired.

Other

In this regard, I request for reimbursable medical dental treatment. According to the announcement of mahidol University (Only the part that can be reimbursed according to the regulations) Ministry of Finance, Which I have already reserved Amount..... Baht (.....)

1. In case of medical expenses less than 500 bath, waiting for staff to examine the document And Staff will contact for back to reserved money Treasury, 3rd floor, Office of the President.

2. In case of the cost of more than 500 baht .Pay the check on behalf of (name)

Please consider providing such assistance for medical/dental expenses reimbursement.

It will be the greatest grace .

Attached Documents

- Receipt of medical treatment. (original)
- Copy of Student Card (Not expire) certified true copy 1 copy
- Copy ID Card or Passport (Not expire) certified true copy 1 copy
- List non National List of Essential Medicine (in case of using drugs) original
- Medical Certificate (original)
- for emergency case

Yours sincerely,

.....

(.....)

student

Flip the back
(for Faculty of Graduate Studies)
Those assigned to comment

<p>1 (for Faculty of Graduate Studies)</p> <p style="text-align: center;">Opinion of the Student Affairs Department (Faculty of Graduate Studies)</p> <p>.....</p> <p style="text-align: center;">Staff authorities</p> <p style="text-align: center;">Sign ()</p> <p style="text-align: center;">Date</p>	<p>Opinions of the Dean or Deputy Dean those assigned to comment</p> <p><input type="checkbox"/> Approve, sent to Division of Student Affairs to continue disbursement.</p> <p><input type="checkbox"/> Not appropriate to withdraw because</p> <p>.....</p> <p style="text-align: center;">Sign ()</p> <p style="text-align: center;">Date</p>
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2 (For Division of Student Affairs)

Dear Vice President of Student Affairs and Alumni

Please approve the medical/ dental expense reimbursement for student name (Mr. / Mrs. / Miss) in the amount of Baht (.....) from student affairs funds, account book on student health care service expense (.....) budget year Therefore, the Division of Finance please to proceed as information above

After checking all items, the medical/ dental expense cannot be withdrawn. Please return the medical/ dental Expense Reimbursement Claim Form to Faculty of Graduate Studies to inform student and follow to the announcement later.

Staff authorities

Sign.....Certificate authorities

Date.....

Sign..... (Head of Student Services and Welfare)

Date.....

<p>3 Director, Division of Student Affairs</p> <p style="text-align: center;">Sign (Mrs. Kirati Sornkum)</p> <p style="text-align: center;">Date</p>
<p>4 <input type="radio"/> Approve. <input type="radio"/> Know and proceed.</p> <p style="text-align: center;">..... (Asst. Prof. Flg.Off. Chatchai Kunavisarut)</p> <p style="text-align: center;">Vice President for Student Affairs and Alumni</p> <p style="text-align: center;">Date.....</p>