

วันที่รับใบคำร้อง

Medical Reimbursement Form

..... / / ผู้รับ

หน่วยงาน

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 Level

Student ID Faculty/ College/ Institute

Telephone Number E-mail

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

Medical/Dental treatment at (Name of hospital).....

Illness.....

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. Wish Mahidol University transfer to Siam Commercial bank (SCB) account number

Account name

2. Wish transfer to Prompt Pay with (ID Card only) number - - - -

Account name

3. Wish Mahidol University transfer to Bank name Account number

..... Account name (This choice, Mahidol university will deduct transfer fee from medical/dental expenses from the amount disbursed.)

4. Pay by cheque name Staff will contact student to make an

appointment to receive cheque by your self next time.

Attached Documents

- Receipt of medical treatment. (original)
- Copy of Student Card and copy of Passport (Not Expired)
- Copy of Book 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

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

Vice President for Student Affairs and Alumni

ขออนุมัติเบิกค่ารักษาพยาบาล/ค่ารักษาทางทันตกรรม

ให้แก่.....

จำนวน บาท (.....)

จากเงินกองทุนค่าบริการสุขภาพนักศึกษา

(.....) ปีงบประมาณ

โดยขอให้กองคลังดำเนินการต่อไป

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

(Certificate authorities)

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

(Head of Student Services and Welfare)