

วันที่รับใบคำร้อง

..... / / ผู้รับ

หน่วยงาน

For Graduate Student.

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 Passport number

Faculty/College/Institution

Telephone Number E-mail

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. 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.

Please consider providing such assistance for medical/dental expenses reimbursement. It will be the greatest grace.

Yours sincerely,

.....

(.....)

student

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

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

<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 () Date</p>	<p style="text-align: center;">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 () Date</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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..... Date.....

Head of Student Services and Welfare

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

3

Should approve. Should send back

Sign
(Mrs. Kirati Sornkum)
Director, Division of Student Affairs
Date

4

Approve. Know and proceed.

Sign.....
(Asst. Prof. Flg.Off. Chatchai Kunavisarut)
Vice President for Student Affairs and Alumni
Date.....