

Medical Reimbursement Form

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

ที่ ศธ 0517.014/

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.....

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 :

- Transfer to Account “สำนักงานอธิการบดี เงินยืม กองกิจการนักศึกษา (Number 3332 36326 1)”
- Transfer to The Siam Commercial Bank Public Company Limited (document as attached)
- Cheque to (Name)

Attached Documents

- Receipt of medical treatment. (original)
- Copy of The Siam Commercial Bank Account (student signs to certify the copy)
- Medical Certificate (original)
- for emergency case

Yours sincerely,

(.....)

ขออนุมัติเบิกค่ารักษาพยาบาล/ค่ารักษาทางทันตกรรมให้แก่

..... นั ก คี ก ข า
สังกัด.....

จำนวน.....บาท (.....)

จากเงินกองทุนค่าบริการสุขภาพนักศึกษา (.....)

.....) ปีงบประมาณ.....

โดยขอให้กองคลังดำเนินการต่อไป

Sign.....Certificate authorities

Date.....

Sign.....

(Head of Student Services and Welfare)

Approve

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

Approve

.....
(Assoc. Prof. Preecha Soontranan)
Vice President for Student Affairs and Alumni