**Reimbursement Form for Medical Expenses of KMUTT Staff/Employees**

Please mark ✓ in the 🞎 and fill out the necessary details.

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| 1. I………………............….........…………………….🞎 Staff 🞎 Employee of KMUTT working for ……….......................…………. in the position of……..................….....…………\* Starting date of employment as KMUTT staff/employee……………....................…………………….2. would like to reimburse the medical expenses of 🞎 me 🞎 my father named………………………….............................…………….. 🞎 my mother named…………................................................……………………… 🞎 my spouse named……………............................….……………………… 🞎 my child named……………................................................………….….………… 🞎 my child named………….........................………… date of birth................................... being the ….. child (of the father) being the …. child (of the mother) 🞎 being a minor 🞎 being an incompetent child or quasi-incompetent child 🞎 being under my custody because of divorce or non-registered marriage or death of the husband 🞎 being under my custody because of separation but not legally divorced yet (In case of the replacement of the deceased child) replacement of the ………. child named……………………..............................................................…………. Date of birth……………………………………………… date of death…………………………………………………………….. Cause of illness………………................………………… Name of the hospital…….....................................…………………. 🞎 Public hospital 🞎 Private hospital From the date of ……………................................................………..……….………….. to the date of……….......................................................................……………..………………….. Total medical expenses……………… Baht (……................................................................................…………………………..) according to the attached ……… receipts |
| 3. I am entitled to reimburse the medical expenses in accordance with KMUTT regulations on medical expense benefits At the amount of…………………………………. Baht (………………………………….....................................................................................................................……………………………) (1) I 🞎 am not entitled to receive any medical expenses from state-owned enterprise or public agencies or local  administrative organization or other non-public agencies.  (2) My spouse 🞎 is not a government officer or permanent employee 🞎 is a government officer or permanent employee  Position………….............…………. Affiliation……….....................................………. 🞎 is a staff or an employee of a government agency or local administrative organization  Position……………...........………. Affiliation……......................................………….  🞎 is a staff or an employee of a state-owned enterprise (3) My……… 🞎 is not entitled to receive any medical expenses from state-owned enterprise or public agencies or local  administrative organization or other non-public agencies.  🞎 is entitled to receive medical expenses but the entitlement is inferior. (4) I 🞎 had received the previous medical treatment from a private hospital not over 15 days prior to the present  treatment at a private hospital from the date of………………................….. to the date of…….........................…………. total………………………. days.  (5) My………… 🞎 had received the previous medical treatment from a private hospital not over 15 days prior to the present  treatment at a private hospital from the date of…………………………….. to the date of………............……………….. total……………...………. days. and had reimbursed the medical expenses from KMUTT at the amount of…………………..........................................................................…… Baht. (excluding room, meal, artificial organ, and repair of artificial organ and medical treatment equipment) Signature………………………........................……………………… Date……………………...............……………………………… |
| **4. Superior’s confirmation** To President I…………………..............................................……………………………………………Position…………..............................................………………………………….…………………hereby confirm that the applicant is entitled to medical expense reimbursement for the indicated amount.Signature………………………………….............……………….. (…………………………………………………………..) Date……………………….........….………………………… | **5. Approval**Reimbursement approved………………………………………For the PresidentDate………………………….………………………… |
| **6. Payment**6.1 Transferred to the account of KMUTT Savings and Credit Cooperative of the applicant according to For Kor Khor. 30.No……………………/25………………………Date…………………………………………. | 6.2 Transferred to the salary account of the applicant according to Form Kor Khor. 30/1For the month of…………../25………………..Date…………………………..………….. |