**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 President  Date………………………….………………………… |
| **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. 30/1  For the month of…………../25………………..  Date…………………………..………….. |