

Critical illness financial assistance claim

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

Subject: Request for critical illness medical treatment expense

UTCC President,

I (Mr./Mrs./Ms.)..... position

School/Department received a medical treatment at (hospital name) from

(D/M/Y) to (D/M/Y) (a total of days). I was diagnosed as

I hereby request the reimbursement for critical illness medical treatment expense as stated in the UTCC announcement No. 168/2553 (2010) Criteria for financial assistance to university employees affected from critical illnesses, force majeure, or natural disasters as follows:

Time of claim..... The amount of money.....baht. A total amount of reimbursement.....baht. The remaining amount.....baht.

I hereby enclose original medical receipt (s), medical examination report or summary of medical charges for your consideration and I certify that all information and original documents enclosed are true and correct.

Signature.....

(.....)

Extension Tel. No.....

Office of Human Resource Management		President/Authorized Person
Cumulative reimbursement	To President	
Amount.....Baht	Mr./Mrs./Ms.	
This reimbursement	is entitled for this medical reimbursement.	
Amount.....Baht	Total amount.....baht	
Total reimbursement		
Amount.....Baht		
Available Balance.....Baht		
	I hereby request for your approval.	
	Office of Human Resource Management Director	
/...../.....	