



# NEOM Hospital Form Accommodation Check-Out Form

FHS Facilities Services

Section 1. Guest Details			
Guest Name	Noor Alhweiti		
Company ID/Passport No.	8685/111936421	Company Name	Faluh
Department	Customer Service	Position	Customer Service
Building Number	5	Room Number	2 (B)
Status/Rationale of Leave: Annual Leave <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Medical Leave <input type="checkbox"/> Others <input checked="" type="checkbox"/>			

Section 2. Furniture, Electrical, Appliances & Household Items			
Personal Items	Issued No	Common Items	Issued No
Bed with mattress	1	Fridge	1
Bedside Table	1	TV	1
Bed Sheet, Pillow & Pillowcase	2	Telephone	1
Duvet, Bath Towel, Hand Towel & Face Towel	1	Chairs	2
Room Door Key	1	Coffee Table	1
Snack Plate, Coffee Mug, Water Glass & Spoon	1	TV Remote	1
Room Slippers	1	A/C Remote	1
Welcome Pack Set	1	Laundry Bag	1
Bed Lamp	1		

Section 3. Guest Remark	
Guest Signature:	Check-Out Date: 10-7-2024

Section 4. Accommodation In-charge Remarks			
Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Keys returned	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Accommodation In-charge Name	Abisam Alawazi		
Accommodation In-charge Signature	Date	10 / July / 2024	

NHOS-O-FO- Accommodation Check-Out Form

July 10 2024  
Remained from the group