



NEOM Hospital Form
Accommodation Check-Out Form

Serco Business

Section 1. Guest Details

Guest Name	Bandar Tammur		
Company ID/Passport No.	1002763975	Company Name	Fakeeh
Department	Neurosurgery	Position	Consultant
Building Number	B1	Room Number	R2
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. Guest Remark

Guest Signature:		Check-Out Date	2.5.0.2024
------------------	--	----------------	------------

Section 3. 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	mary	
Accommodation In-charge Signature		Date 02-09-2024

Removed from the group