



NEOM Hospital Form  
Accommodation Check-Out Form

EFS Facilities Services

Section 1. Guest Details				MALE
Guest Name	AHMED AMER ALSAIFI			
Company ID/Passport No.	10574/1044415972	Company Name	FAKEEH	
Department	GASTROENTEROLOGY	Position	CONSULTANT	
Building Number	B-1	Room Number	R-103 SINGLE -(A)	
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	10/08/2024
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	Alhar			
Accommodation In-charge Signature		Date	10/08/2024	

Removal from the group