



NEOM Hospital Form
Accommodation Check-Out Form

FES Facilities Services

Section 1. Guest Details			
Guest Name	Rafi Alshamrani		
Company ID/Passport No.	10483	Company Name	Fakeeh
Department	Cordisbg4	Position	Corelio Tech
Building Number	4	Room Number	106

Status/Rationale of Leave: Annual Leave ☐ Emergency Leave ☐ Medical Leave ☐ Others ☒

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, WaterGlass & 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	7/5/24

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	Rina		
Accommodation In-charge Signature	Jamini	Date	7/5/24

NHOS-O-FQ- Accommodation Check-Out Form

July 05 nony
Removed from the group