



# NEOM Hospital Form

## Accommodation Check-Out Form

EFS Facilities Services

### Section 1. Guest Details

MALE

Guest Name	RAYAN ALI ALSHENRI		
Company ID/Passport No.	10341/1114281049	Company Name	FAKEEH
Department	CARDIAC CENTER	Position	CVT
Building Number	B-4	Room Number	P-106 SHARED (B)

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	Aug/10
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### 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	Ebtisam Almazzi		
Accommodation In-charge Signature		Date	10 / Aug / 2024

NHOS-O-FD- Accommodation Check-Out Form

Removed from the group