



# NEOM Hospital Form

## Accommodation Check-Out Form

FFS Facilities Services

transfer from  
B4-128(B)

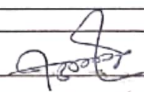
Section 1. Guest Details			
Guest Name	MOHAMMED ABGAR		
Company ID/Passport No.	7004/2170172619	Company Name	FAKFEH
Department	WAREHOUSE	Position	INVENTORY
Building Number	5	Room Number	12-A

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

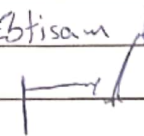
### Section 2. Furniture, Electrical, Appliances & Household Items

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: 22-07-2024

### Section 4. Accommodation In-charge Remarks

done remove from the group			
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	Ebtiham Alamerzi		
Accommodation In-charge Signature		Date	22/Jul/2024