



NEOM Hospital Form Accommodation Check-Out Form

FHS Facilities Services

Section 1. Guest Details

Guest Name	Salma Albeladi		
Company ID/Passport No.	1030725326.	Company Name	Fakeeh.
Department	Nursing	Position	CND.
Building Number	B-1	Room Number	103.

Status/Rationale of Leave: Annual Leave

☐

Emergency Leave

☐

Medical Leave

☐

Others

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Section 2. Furniture, Electrical, Appliances & Household Items

Personal Items	Issued No	Common Items	Issued No
Bed with mattress	1	Bridge	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	2/7/2024
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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 Almunazi	
Accommodation In-charge Signature		Date 2/7/2024

July

NHOS-O-FO- Accommodation Check-Out Form

Doned removed to the group