



NEOM Hospital Form

Accommodation Check-Out Form

Serco Business

Section 1. Guest Details

Guest Name	Ahmad Alatrrouni		
Company ID/Passport No.	2584/465087274	Company Name	Fakeeh
Department	Laboratory	Position	Manager
Building Number	2	Room Number	9
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. Guest Remark

Guest Signature:		Check-Out Date	4/9/24
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Section 3. 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	Rita		
Accommodation In-charge Signature	Jamio	Date	4/9/24

September 04 none
removed in the group