



# NEOM Hospital Form

## Accommodation Check-Out Form

EFS Facilities Services

Section 1. Guest Details				MALE
Guest Name	TURKI ABDULHAZIZ BENDAKHIL			
Company ID/Passport No.	7993/1087469281	Company Name	FAKEEH	
Department	OPHTHALMOLOGY	Position	CONSULTANT	
Building Number	B-1	Room Number	R-3 SINGLE (A)	
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. 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 Towels, 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	23/July/24
Section 4. Accommodation In-charge Remarks				
1/1 Laundry Bag and No TV Remote.				
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	AT HAR			
Accommodation In-charge Signature			Date	23/07/2024

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Annual PMA group  
July 23 2024