



NEOM Hospital Form

Accommodation Check-Out Form

EFS Facilities Services

Section 1. Guest Details

Guest Name	Naita Awa		
Company ID/Passport No.	16984/229483634	Company Name	Fakuh
Department	Laboratory	Position	Laboratory tech
Building Number	6	Room Number	103

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:	<i>[Signature]</i>	Check-Out Date	30/7/24
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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	R. H.		
Accommodation In-charge Signature	<i>[Signature]</i>	Date	30/7/24

NHOS-O-FO- Accommodation Check-Out Form

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