



NEOM Hospital Form  
Accommodation Check-Out Form

U.S. Faculty Services

Section 1. Guest Details			
Guest Name	ALAA ALYASI MUD		
Company ID/Passport No.	1077463981	Company Name	Tiketh
Department	MDU	Position	CONSULTANT
Building Number	B-2	Room Number	P-113
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 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 15-07-2024
Section 4. Accommodation In-charge Remarks			
done Remote 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	DIANNE		
Accommodation In-charge Signature		Date	15-07-2024