



NEOM Hospital Form

Accommodation Check-Out Form

Section 1. Guest Details

Guest Name	ALWALEED KHALID ALSHURAYEM		
Company ID/Passport No.	1089393076	Company Name	FAKEEH
Department	CCL	Position	SENIOR RADIOGRAPHER
Building Number	B-3	Room Number	P-5 SINGLE (B)
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	31 Aug 2024
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Section 3. Accommodation In-charge Remarks

He has no km before when he check-in.			
Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Keys returned	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Accommodation In-charge Name	MARY		
Accommodation In-charge Signature		Date	31- Aug. 2024

Removed from the room