



NEOM Hospital Form

Accommodation Check-Out Form

Section 1. Guest Details

Guest Name	ABDULLAH THAKR ALSUBADI		
Company ID/Passport No.	1063257376	Company Name	FAKEEH
Department	ANESTHESIA	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. Guest Remark

Guest Signature:		Check-Out Date	31/8/24
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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	Ruw	
Accommodation In-charge Signature		Date 31/8/24

removed the group