



# NEOM Hospital Form

## Accommodation Check-Out Form

Facilities Services

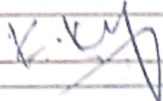
Section 1. Guest Details			
Guest Name	Kholood Saleh Kari		
Company ID/Passport No.	9153/014493902	Company Name	Govt
Department	General Surgery	Position	Consultant
Building Number	6	Room Number	2

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, 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: 12/7/24

### 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/CM	
Accommodation In-charge Signature	Jamir	Date: 12/7/24

July 12/24  
Dennis T. T. T.