



# NEOM Hospital Form

## Accommodation Check-Out Form

LES Facilities Services

Section 1. Guest Details			
Guest Name	Alpha Jane Zaman		
Company ID/Passport No.	2573910946	Company Name	Fatech
Department	Endoscopy	Position	PCA
Building Number	4	Room Number	109

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:	Check-Out Date

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	Rui		
Accommodation In-charge Signature	Jamli	Date	16/Jul/24

NHOS-O-FO- Accommodation Check-Out Form

July 16 2024  
Remand From the group