



NEOM Hospital Form

Accommodation Check-Out Form

EFS Facilities Services

Section 1. Guest Details

Guest Name	Anuradha Dhandapani		
Company ID/Passport No.	18753	Company Name	Falco
Department	Life Support	Position	Director
Building Number	2	Room Number	9
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, 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: <i>Anuradha</i>	Check-Out Date	27-7-2024
----------------------------------	----------------	-----------

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	Molale Saleh	
Accommodation In-charge Signature	<i>Saleh</i>	Date 27-7-2024

NHOS-O-FO- Accommodation Check-Out Form

Removed from group