



NEOM Hospital Form

Accommodation Check-Out Form

Section 1. Guest Details

Guest Name	Mohammed Alghamdi		
Company ID/Passport No.	10617/1036595237	Company Name	Fakeeh
Department	ENT surgical	Position	Consultant
Building Number	B-2	Room Number	R-9 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	1 / 9 / 2024
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Section 3. Accommodation In-charge Remarks

done to removed from group			
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	Ebtisam Alanazi		
Accommodation In-charge Signature		Date	1 / sep / 2024