



NEOM Hospital Form
Accommodation Check-Out Form

EFS Facilities Services

Section 1. Guest Details

Guest Name	Alan Algas:		
Company ID/Passport No.	10338/1077453981	Company Name	Fahub
Department	Nicu	Position	Consultant
Building Number	B 2	Room Number	R106

Status/Rationale of Leave: Annual Leave

☐

Emergency Leave

☐

Medical Leave

☐

Others

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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	14/Aug/24
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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	Pina		
Accommodation In-charge Signature		Date	14/Aug/24