



NEOM Hospital Form
Accommodation Check-Out Form

EPS Facilities Services

Mohammed saad ALAftan

Section 1. Guest Details

Guest Name	Mohammed ALAftan		
Company ID/Passport No.	9096/1056692070	Company Name	Fakeeh
Department	Radiology	Position	Consultant
Building Number	1	Room Number	106

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	31/7/2024
------------------	--	----------------	-----------

Section 4. Accommodation In-charge Remarks

Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	according for the report
Keys returned	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	for HSK we not provide
Accommodation In-charge Name	Eblisam Alomazi The towel		
Accommodation In-charge Signature		Date	31/7/2024

Demanded from group