



# NEOM Hospital Form

## Accommodation Check-Out Form

LHS Facilities Services

### Section 1. Guest Details

Guest Name	ATENE CANTANA PUAD		
Company ID/Passport No.	16129/2254031889	Company Name	FAKEEH
Department	Customer Service	Position	RECEPTIONIST
Building Number	4	Room Number	104-B

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:	Atene Pura	Check-Out Date	21-07-24
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### Section 4. Accommodation In-charge Remarks

done remove from the group			
Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Keys returned	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	she in vacation the check of by mr maw
Accommodation In-charge Name	Ebtisam Alana Z		
Accommodation In-charge Signature		Date	21/July/2024