



# NEOM Hospital Form

## Accommodation Check-Out Form

EFS Facilities Services

Section 1. Guest Details		MALE	
Guest Name	MOHAMMAD ALMOHAMMADI		
Company ID/Passport No.	7915/1069829154	Company Name	FALEPH
Department	CARDIOLOGY	Position	CONSULTANT
Building Number	B-1	Room Number	R-107 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. 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: 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	Arthur
Accommodation In-charge Signature	Date: 27/07/2024

Removed from group