



NEOM Hospital Form

Accommodation Check-Out Form

NEOM Facilities Services

Section 1. Guest Details			
Guest Name	Dr. AHMED AL MOUNI		
Company ID/Passport No.		Company Name	DSFH
Department	Lab	Position	Manager
Building Number	B2	Room Number	07

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, Water Glass & 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

10/7/24

Section 4. Accommodation In-charge Remarks

Rooms are in good condition Yes ☒ No ☐

Keys returned Yes ☒ No ☐

Accommodation In-charge Name

Latifah

Accommodation In-charge Signature

Date

7/10/2024

NHOS-O-FO- Accommodation Check-Out Form

July 10/24