



# NEOM Hospital Form

## Accommodation Check-Out Form

### Section 1. Guest Details

Guest Name	HASSAN GOHAL		
Company ID/Passport No.	9269/1070692184	Company Name	FAKEEH
Department	PCU	Position	CONSULTANT
Building Number	B-2	Room Number	R-106 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. Guest Remark

Guest Signature:		Check-Out Date	31/08/2024
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### Section 3. 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			
Accommodation In-charge Signature		Date	31/08/24

Roomed from the firm