



NEOM Hospital Form

Accommodation Check-Out Form

HIS Facilities Services

Section 1. Guest Details				MALE
Guest Name	Abdulhadi Algahtani			
Company ID/Passport No.	1047162570	Company Name	FAKEEH	
Department	Nursing	Position	CONSULTANT	
Building Number	B-2	Room Number	132-12	
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, 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	06-07-2024
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Section 4. Accommodation In-charge Remarks

already removed to the group (WHATAPP)			
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	DIANNE		
Accommodation In-charge Signature		Date	06-07-2024