



# NEOM Hospital Form

## Accommodation Check-Out Form

EFS Facilities Services

Section 1. Guest Details				FEMALE	
Guest Name	AMEENA ALHARBI				
Company ID/Passport No.	10529/1095159883	Company Name	FAKEEH		
Department	CLINICAL DIETICIAN	Position	CLINICAL DIETICIAN		
Building Number	B-3	Room Number	R-6 SHARED (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	25/7/24	
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	Rima				
Accommodation In-charge Signature			Date	25/7/24	

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July 25 2024  
Removed from group