



# NEOM Hospital Form Accommodation Check-Out Form

Facilities Services

21-07-2024  
10pm  
check-out

Section 1, Guest Details			
Guest Name	ABDULRAHMAN ABUHAMOUD		
Company ID/Passport No.	9420/10442 36903	Company Name	FAKEEH
Department	PATHOLOGY LAB	Position	PATHOLOGIST
Building Number	4	Room Number	8-B

Status/Rationale of Leave: Annual Leave	<input type="checkbox"/> Emergency Leave	<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Others	<input checked="" type="checkbox"/>
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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: 21/7/2024

Section 4, Accommodation In-charge Remarks			
done & checked from the group			
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	Ebtisam Alawazi		
Accommodation In-charge Signature	Date	21/July/2024	