



# NEOM Hospital Form

## Accommodation Check-Out Form

EFS Facilities Services

### Section 1. Guest Details

Guest Name	NISSAN DELA		
Company ID/Passport No.	8716/2559640848	Company Name	FAKEEH
Department	PEADIATRIC	Position	STAFF NURSE
Building Number	5	Room Number	109-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"/>			

### Section 2. Furniture, Electrical, Appliances & Household Items

Personal Items	Issued No	Common Items	Issued No
Bed with mattress	1	Fridge	1
Deskside Table	1	TV	1
Bed Sheet, Pillow & Pillowcase	2	Telephone	1
Curtain, 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 / Aug / 2024
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### Section 4. Accommodation In-charge Remarks

Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Keys returned	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> No Key returned
Accommodation In-charge Name	Abisam Alana'i	
Accommodation In-charge Signature		Date 21 / Aug / 2024

Removed from the group