



NEOM Hospital Form

Accommodation Check-Out Form

NEOM Facilities Services

transfer room to
B2 - 10

Section 1. Guest Details			
Guest Name	Doaa Sayed Ahmed Gala		
Company ID/Passport No.	4144/2483096281	Company Name	Fakeeh
Department	Quality manager	Position	Support
Building Number	5	Room Number	11

Status/Rationale of Leave: Annual Leave ☐ Emergency Leave ☐ Medical Leave ☐ Others ☒

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:	Doaa	Check-Out Date	14/7/2024
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Section 4. Accommodation In-charge Remarks

done remove from guest			
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 Alanazi		
Accommodation In-charge Signature		Date	14/7/2024 July