



NEOM Hospital Form  
Accommodation Check-Out Form

FHS Facilities Services

Transfer to  
92-110

Section 1. Guest Details			
Guest Name	Kholood Saleh Kary		
Company ID/Passport No.	3153/1004493202	Company Name	Fakeeh
Department	General Surgery	Position	Consultant
Building Number	2	Room Number	10

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:

*[Signature]*

Check-Out Date

14/July/24

Section 4. Accommodation In-charge Remarks

Done, removed to 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 Almarazi	
Accommodation In-charge Signature	<i>[Signature]</i>	Date 14/July/2024