

## NEOM Hospital Jorm

## Accommodation Check-Out Form

Section 1. Gaest Details			
Guest Name	Medalyn shid	Salam	
Company ID/Passport No.	Mddalyn thid	Company Name	Fakah
Department	Pannedial	Position	trilinge
Building Number	4	Room Number	111 CA)
Status/Rationale of Leave: Annual Leave			
Section 2. Furniture, cleatrical, Appliances the consequences and the consequences are section as the consequences are section			
Personal Items	Issued No	Common Ite	ms 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 - 21   Ang 12024			
Section 4. Accommodation In-charge Remarks			
Rooms are in good condition	Yes N	0 🗀	
Keys returned	Yes N	0	
Accommodation In-charge Name Estisam Alana Zi			
Accommodation In-charge Signature	- /	Date	21 / Aug / 2024

NHOS-O-FO- Accommodation Check-Out Form

Asserted from for for