



NEOM Hospital Form

Accommodation Check-Out Form

IFS Facilities Services

Section 1. Guest Details				MALE
Guest Name	MUATH DARWICH			
Company ID/Passport No.	2023155381	Company Name	FAKEEH	
Department	ICU	Position	CONSULTANT	
Building Number	B-1	Room Number	103	
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
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: 19/7/2024

Section 4. Accommodation In-charge Remarks	
no face towel	
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	maru
Accommodation In-charge Signature	Date: 19/7/2024

NHOS O-F0- Accommodation Check-Out Form

Removed from the group
July 19/2024