



NEOM Hospital Form

Accommodation Check-Out Form

FHS Facilities Services

transfer room to
B2-107

Section 1. Guest Details			
Guest Name	Muhammad Albajuni		
Company ID/Passport No.	2003688831	Company Name	Fakeeh
Department	OBOYN	Position	Physician
Building Number	1	Room Number	106

Status/Rationale of Leave: Annual Leave	<input type="checkbox"/> Emergency Leave	<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Others	<input checked="" type="checkbox"/>
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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	
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Section 4. Accommodation In-charge Remarks

Personnel in 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	MALAK SALEH		
Accommodation In-charge Signature		Date	14-7-2024