



NEOM Hospital Form

Accommodation Check-Out Form

IT'S Facilities Services

Section 1. Guest Details				FEMALE
Guest Name	SHURUQ MOBARKE			
Company ID/Passport No.	5881/1119530358	Company Name	FAKEEH	
Department	CATHLAB	Position	STAFF NURSE	
Building Number	B-3	Room Number	R-6	

Status/Rationale of Leave: Annual Leave

☐

Emergency Leave

☐

Medical Leave

☐

Others

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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	21-7-2024

Section 4. Accommodation In-charge Remarks			
done remove from 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	Ehtisam Alamezi		
Accommodation In-charge Signature		Date	21/7/2024 July