



# NEOM Hospital Form

Serco Business

## Accommodation Check-Out Form

### Section 1. Guest Details

Guest Name	Doaa Sayed Ahmed Galal		
Company ID/Passport No.	4114/2488096281	Company Name	Fatech
Department	Quality Manager	Position	Support
Building Number	2	Room Number	10
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. Guest Remark

Guest Signature:	Doaa	Check-Out Date	29/8/24
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### Section 3. Accommodation In-charge Remarks

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	Rita		
Accommodation In-charge Signature	jamia	Date	29/8/24

Removed from the group