



# NEOM Hospital Form Accommodation Check-Out Form

Section 1: General Information			
Guest Name	Rajesh Kumar		
Company ID/Passport No.	8118/20000000000000000000	Company Name	NEOM
Department	Customer Service	Room No.	10000000000000000000
Building Number	11	Room Number	10000000000000000000

Service/Type of Room:	Standard Room	Emergency Room	Medical Room	Others
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Section 2: Room Inventory			
Item Name	Issued No.	Item Name	Issued No.
Bed with mattress	1	Fridge	1
Desk Table	1	TV	1
Bed Sheet, Pillow & Pillowcase	2	Telephone	1
Towel, Bath Towel, Hand Towels Face Towel	1	Chair	2
Room Desk Box	1	Coffee Table	1
Desk Phone, Coffee Mug, Water Glass & Spoon	1	TV Remote	1
Room Slippers	1	A/C Remote	1
Miniature First Aid Kit	1	Laundry Bag	1
Bed Lamp	1		

Section 3: Guest Signature			
Guest Signature	Rajesh Kumar	Check-Out Date	21-07-2020

Section 4: Accommodation In-Charge Signature			
Room are in good condition			
Yes	1	No	
Room returned			
Yes		No	
Accommodation In-Charge Name			
Rajesh Kumar			
Accommodation In-Charge Signature		Date	21/07/2020