



NEOM Hospital Form

Accommodation Check-Out Form

EFS Facilities Services

Section 1. Guest Details				MALE
Guest Name	ADEL ABDELWAHAB			
Company ID/Passport No.	8439/2167550488	Company Name	FAKEEH	
Department	SUPPLY CHAIN	Position	TECH	
Building Number	B-4	Room Number	R-8 SHARED (A)	
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, Water Glass & 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	23-07-2024

Section 4. 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	R/CA		
Accommodation In-charge Signature		Date	23/07/2024

NHOS-O-FO- Accommodation Check-Out Form

July 23/24
Removal from group