



NEOM Hospital Form
Accommodation Check-Out Form

HF5 Facilities Services

Section 1. Guest Details

Guest Name	Shanthi Saad		
Company ID/Passport No.	9792	Company Name	Takeeh
Department	LAB.	Position	Lab-Specialist
Building Number	5	Room Number	107
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, 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:	<i>[Signature]</i>	Check-Out Date	11-7-2024
------------------	--------------------	----------------	-----------

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	Raj	
Accommodation In-charge Signature	<i>[Signature]</i>	Date 11/07/24

NHOS-O-FO- Accommodation Check-Out Form

July 11 2024
Removed from the group