

Need Allocation Report



Beneficiary Information

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|-----------------|-------------|
| Name: | Mariam Ehab |
| Beneficiary ID: | 5 |
| Phone: | 01023456789 |
| Income: | 1000.00 |

Need Information

| | |
|----------------|---|
| Type: | CashNeed |
| Amount: | 2000.00 |
| Purpose: | Cash Assistance for Low Income/Disabled beneficiary |
| Register Date: | 2025-01-18 05:21:40 |
| Status: | Allocated |