

# Need Allocation Report



## Beneficiary Information

Name:	Sara Mohamed
Beneficiary ID:	3
Phone:	01098765432
Income:	1500.00

## Need Information

Type:	DrugNeed
Amount:	2.00
Purpose:	Assistance for Low Income/Has Chronic Disease beneficiary
Register Date:	2025-01-17 17:47:23
Status:	Allocated