表三、調度審核情形

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 災害名稱：[$diasterName$] | | | | | | | |
| 需求縣市：[$City$] | | | | 鍵入時間 | [$CreateDate$] | | |
| 需求項目：[$Items$] | | | | 需求規格 | [$Spec$] | | |
| 需求聯絡人：[$ContactPerson$] | | | | 需求聯絡電話：[$ContactMobilePhone$] | | | |
| 可提供資源 | | | | | | | |
| 序號 | 調度數量 | 縣市 | 聯絡人 | 項目 | 細項 | 數量 | 提供時間 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |