附件2

十堰市退役军人临时救助审批单

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 |  | 性别 |  | | 出生  年月 | |  |
| 家庭人口 |  | | 身份类别 |  | | | |
| 证件名称号码 |  | | 家庭  住址 |  | | | |
| 临时救助　原　　因 |  | | | | | | |
| 救助金额 |  | | | | | | |
| 经办人 |  | | 本人签名 | | |  | |
| 领导审批意见 |  | | | | | | |