**附件2（样表，单发Excel表）**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **慈善工作站救助人员情况明细表** | | | | | | | | | | |
| **慈善工作站名称（盖章）： 申报日期：** | | | | | | | | | | |
| **序号** | | **姓名** | **身份证号** | **低保/低收入** | **救助类别** | | | **家庭困难情况** | | **拟救助金额（元）** |
| 1 | |  |  |  |  | | |  | |  |
| 2 | |  |  |  |  | | |  | |  |
| 3 | |  |  |  |  | | |  | |  |
| 4 | |  |  |  |  | | |  | |  |
| 5 | |  |  |  |  | | |  | |  |
| 6 | |  |  |  |  | | |  | |  |
| 8 | |  |  |  |  | | |  | |  |
| **共计救助人数** | | |  | | **救助总金额** | | | | |  |
|  |  | |  | | |  |  | |  |  |
| **注：1、（低保/低收入）一栏以低保、低收入证为准，没有的请填否。** | | | | | | | | | | |
| **2、救助类别一栏分为五类（助困、助医、助老、助残、助学），请根据实际救助情况填写。** | | | | | | | | | | |