**物資・福祉用具依頼票兼処理票**

様式８

※**福祉避難所記入**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 福祉避難所名 |  | | | | |
| 依頼日時 | 年　　月　　日　　　時　　分 | | 発信者名 | |  |
| TEL |  | FAX | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 依頼品目 | 数量 | 規格等 | 受領日時 |
| １ |  |  |  |  |
| ２ |  |  |  |  |
| ３ |  |  |  |  |
| ４ |  |  |  |  |
| ５ |  |  |  |  |
| 特記事項 | | | | |

--------------------------------------------------------------------------------

※**岐阜市　記入欄**

|  |  |  |  |
| --- | --- | --- | --- |
| 受信日時 | 年　　月　　日　　　時　　分 | 処理者 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 手配品目 | 数量 | 規格等 | 発送日時 |
| １ |  |  |  |  |
| ２ |  |  |  |  |
| ３ |  |  |  |  |
| ４ |  |  |  |  |
| ５ |  |  |  |  |
| 特記事項 | | | | |