AIFO C FORM
DETAIL OF STAFF SALARY & BENEFITS

Project Number: **Name:**

	Name & Designation	Date of appointment	Salary (……x12)	Staff benefits (explain)	Total
2.1					
	Total				
2.2 1 2 3 4 5 6					
	Total				
2.3 1 2 3 4 5					
	Total				
Grand Total					