

BILL NO

DATE

LEAVE TRAVEL CONCESSION BILL

FOR THE BLOCK/CALENDAR YEAR _____ TO _____

PLACE OF VISIT : _____

NEAREST RAILWAY STATION /BUS STAND : _____

PART - A

(TO BE FILLED BY THE GOVERNMENT SERVANT)

1. Emp. Code _____

2. Name _____

3. Designation _____

4. Basic Pay _____
(As on date of
onward journey)

5. Headquarters _____

6. Leave Details

a) Nature of Leave _____

b) Period _____

7. Particulars of members of family in respect of whom the LTC has been claimed

Sl.No	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			

8. Details of journey(s) performed by Government Servant and the members of his/her family .

Dep. Date & Place	Arrival Date & Place	Distance (Kms)	Mode of Travel used	Class of Accommodation	No. of fares	Fare Paid	Ticket Nos	PNR Nos	Remarks

9. Amount of advance, IF ANY DRAWN Rs:- _____

10. Particulars of journey(s) for which higher class of accommodation than the one to which the Government Servant is entitled was used. (Sanction No. and date to be given)

Date & Place		Mode of Conveyance	Class to which Entitled	Class by which Traveled	No of fares	Fare Paid	Tickets (Nos)
From	To						

11. Particulars of Journey(s) performed by the road between places connected by rail:

Date & Names of places		Class to which entitled	Fare Paid	Tickets (Nos)
From	To			

Certified that : -

1. The information are given above is true to the best of my knowledge and belief
2. That my husband /wife is not employed in Government service/that my husband /wife is employed in Government Service and the concession had not been availed of by him/her separately for himself/herself or for any of the family members for the concerned block year _____ to _____.
3. That my husband /wife for whom LTC is claimed by me is employed in _____ (Name of the public sector undertaking/Corporation/Autonomous Body, etc.), which provides leave travel concession facilities but he/she has not preferred and will not prefer any claim in this behalf to his/her employer; and
4. That my wife /husband for whom LTC is claimed by me is not employed in any Public Sector Undertaking / Corporation /Autonomous body financed wholly or partly by the central government or Local body, which provides LTC facilities to its employees and their families.
5. That my father/mother/sister/brother is /are fully dependent on me and their income is less than Rs 500 /- per month and he/she/they is/are residing with me.

Dated : -

Signature of Government Servant

Name _____

Emp.Code _____

Telephone No _____

Intercom No _____

Email _____

CERTIFICATE TO BE GIVEN BY ADMINISTRATION

1.)Certified that necessary entries have been made in the service book of Shri /Smt /Kum

2.) Joint declaration/ certificate received from his/her husband's/ wife's office. He/She will avail LTC and other benefits from this office.

Signature of the Officer Authorised to attest in the service book

PART -B

(To be filled by Bill section)

1. The net entitlement an account of Leave Travel Concession works out Rs _____
Rupees (in words) _____

a) Railway/Air/Bus/ Steamer Fare Rs _____

b) Less Amount of advance drawn Rs _____

Vide Bill No _____

Dated _____ Rs _____

Net Amount _____ Rs _____

2. Expenditure is debit able to _____
Major head _____
Sub head _____

Drawing and Disbursing officer
(Signature)

Bill Clerk

Initial