	Bill No		Date		
	LEAVE TRAV	EL CO	ONCESSION BIL	<u>L</u>	
	FOR THE BLOCK /CALEN	DER Y	YEAR	Γο	
PL	ACE OF VISIT		:		
NE	CAREST RAIL WAY STATION / BUS S	STAND	· :		
		PAR ⁷	Γ_Δ		
			Govt. servant)		
1.	Emp. Code	2.	Name :		
3.	Designation:	4.	Basic Pay:		
			(As on date of Jour	ney)	
5.	Headquarters :				
6.	Leave Details				
a)	Nature of Leave :	b)	Period :	to	

S.NO.	NAME (s)	AGE	Relationship with the Government servant
1			
2			
3			
4			
5			
6			

7. Particulars of members of family in respect of whom the L.T.C. has been claimed

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

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

- 9. Amount of advance, If any Drawn Rs.: NIL
- 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 &	Places	Mode of	Class to	Class	No of	Fare	Tickets
From	То	Conveyance	which	by	fares	Paid	(Nos)
			Entitled	which			
				Traveled			

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

Date &Nan	Date &Name of Places		Fare Paid	Tickets (Nos)
From	То	entitled		

Certified that :-

		ne to the best of my knowledge and belief. mployed in government service/that my								
	husband/wife is employed in Government Service and the concession									
	been availed of by him/her separatel	y for himself/herself or for any of the family								
	members for the concerned block yea	r to								
3	3. That my husband/wife from whon	n LTC is claimed by me is employed in (Name of the public sector								
	undertaking/Corporation/Autonomo	as Body, etc.,), which provides leave travel								
	concession facilities but he/she has not preferred and will not prefer any cla									
	this behalf to his/her employer; and	process was well and process carry comments								
۷	, -	C is claimed by me is not employed in any								
	,	cion/Autonomous body financed wholly or								
	<u> </u>	Local body, which provides LTC facilities to								
	its employees and their families.									
5	5. That my father /mother/sister/brother is/are fully dependent on me and									
	income is less that Rs. 500/- per month and he/she/they is/are residing with									
	me.									
Ι	Dated :/2015	Signature of Government Servant								
		Name :								
		Emp. Code:								
		Telephone No.:								
		Email :								
	CERTIFICATE OF BE G	IVEN BY ADMINISTRATION								
1)	Certified that necessary entries h	ave been made in the service book of								
	Shri/Smt./Kum									
2)	Joint declaration/certificate received	from his/her husband's/wife 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	t of	Leave	Travel	Concession	works	out
	Rs (Rupees	(in v	vords) _				
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

Annexure-'B'

EXPENDITURE INCURRED ON ACCOUNT OF FOOD BILLS DURING TOUR

This is to certify that Shri/Smt/Miss	(name of the Official) was
on official tour at (Place	of touring station) from
(commencement date of journey) to	(concluding date of journey)
(total days) and incurred expenditure of	n account of my food amounting to ₹ 450/-
@ of ₹ 450/- per day).	
It is also certified that I have not been iss	sued any receipt on account of payments made
towards my food bills as the Hotel/Restaurant/S	Stall where I had taken meal/Snacks/beverage
had no receipt book with them.	
Date : / /2015	
Date :/2015	Ciaratura
	Signature :
	Name :
	Designation :
	U.I.D. :