INDIAN INSTITUTE OF SCIENCE, BANGALORE-560012

LEAVE TRAVEL CONCESSION BILL

 HOMETOWN

 1. NAME: 5. DECLARED PLACE OF VISIT: ANY PLACE IN INDIA

 2. DESIGNATION: 6. DEPARTMENT:

 3. BASIC PAY: 7. ADVANCE BILL NO.

 4. NATURE OF LEAVE AVAILED / SANCTIONED: FROM. TO

8. PARTICULARS OF MEMBERS IN RIO OF WHOM THE L.T.C. HAS BEEN CLAIMED: (including self, if availed)

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|  SI.No. | Name | Age | Relationship | Remarks |
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 Details of Journey performed (Onward)

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| --- | --- | --- | --- | --- | --- | --- | --- |
|   | Departure | Arrival | Mode of travel | Air/TrainlBusTicket Nos. | Distance in Kms. | Amount claimed |  Remarks |
|  Date | Place | Date | Place |  |  |  |  |
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 Details of Journey performed (Return)

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| --- | --- | --- | --- | --- | --- | --- | --- |
|   | Departure | Arrival | Mode of travel | Air/TrainlBus Ticket Nos. | Distance in Kms. | Amount claimed |  Remarks |
|  Date | Place | Date | Place |  |  |  |  |
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 Gross Amount Claimed................................

 Amount of Advance Sanctioned.....................................

Balance amount claimed/refunded ......

CERTIFIED THAT...

1. The information as given above is true to the best of my knowledge and belief:

2. The AirfTrain/Bus tickets for the journeys performed are enclosed.

3. That my husband/wife is not employed in Govt. Service/Public Sector Undertaking/Corporation/Autonomous Body/Local Body financed by

Government.

4. That my husband/wife is employed in Government Service/Public Sector Undertaking/Corporation/Autonomous Body/Local Body financed by Government and the LTC has not been availed of by him/her separately or for any of the family members for the block year……………………….. to……………………… from that organization. Necessary certificate from hislher employer has been enclosed.

Date :..............................

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| --- |
| FOR OFFICE USE ONLYPassed for Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Debit \_\_\_\_\_\_\_\_\_\_\_\_\_ Adjustment Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Credit.\_\_\_\_\_\_\_\_\_\_\_\_\_For Payment Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supr/Supdt. Accounts Officer Internal Auditor Financial Controller |

 Signature & Designation of the Employee

 Countersigned by

 Chairman

 Dept. /Section

 (with seal)