



SCHOOL OF PLANNING AND ARCHITECTURE, BHOPAL

LEAVE TRAVEL CONCESSION BILL

[Name] For the Block year..... To

Ref. No..... Date:

Name :	Designation :
Hometown /Any where	Place of visit:
Pay and GP/ AGP / Level	

Particulars of members of family in respect of whom the Leave Travel Concession has been claimed.

S. No.	Name(s)	Age	Relationship	S. No.	Name(s)	Age	Relationship
1				5			
2				6			
3				7			
4				8			

Details of journey(s) performed by Government servant and the members of his/her family:-

Departure			Arrival			Distance in Kms	Mode of travel	Class of accommodation used	No. of fares	Fares paid
Dt.	Time	Place	Dt.	Time	Place					

Amount of advance, if any, drawn ₹.....

CERTIFIED THAT-

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

- i. That my husband/wife is not employed in Government service/ that my husband/wife is employed in Government service and the concession has not been availed of by him/ her separately for himself/herself or for any of the family members for the concerned block of years to.....
- ii. 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
- iii. 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 a Local Body, which provides LTC facilities to its employees and their families.
- iv. I have not submitted any other claim so far for Leave Travel Concession in respect of myself or my family members in respect of the block of two years 20..... and 20.....
- v. I have already drawn Leave Travel Concession in respect of a journey performed by me/my wife withchildren. This claim is in respect of the journey performed by my wife/myself with children none of whom travelled with the party on the earlier occasion.

Signature of Government Servant

Sanction Process by Accounts Section

Loh. vk. Ø-S.O. No.	Date:	Account Head
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Amount claimed: - _____ Amount admissible: - _____

Amount of advance (if any) _____

Amount payable or receivable: - _____

dfu-cgij dh.krk I gk; d@ys[kki ky JA/MSA/Accountant	vu[kkx vf/kcdkjh Section Officer	mi dyl pfo Dy. Registrar	dyl pfo Registrar	funs'kd Director
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Remarks (If any)

Instructions for reference:-

- i. LTC adjustment claim is to be submitted within 30 days of return journey.
- ii. Unutilized advance (if any) is to be deposited in the A/c department immediately on joining office, even if claim is submitted at a later date. Penal interest @ 2% above GPF interest rate (Present GPF int. rate being 8.7%) p.a. will be charged on unutilized advance from date of drawl to date of refund.
- iii. All sheets to be serially numbered on top right hand corner and reference of page number be given alongside items on the Adjustment bill.
- iv. Boarding passes must mandatorily be submitted in case of air travel.