

होटल प्रबंध संस्थान, अहमदाबाद

INSTITUTE OF HOTEL MANAGEMENT, AHMEDABAD

Application of LTC Final Settlement

LEAVE TRAVEL CONCESSION BILL FOR THE BLOCK OF YEAR _____ TO _____

Note: - This bill should be prepared in duplicate one for payment and the other as office copy.

PART – A (To be filled up by Govt. Servant)

1. Name of the Govt. Servant : _____
2. Designation : _____
3. Level & Index : _____
4. Headquarters : _____
5. Nature and period of leave sanctioned : From _____ To _____

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

Sr. No.	Name (s)	Age	Relationship with the Govt. Servant

7. Details of journey (s) performed by Govt. servant and the members of his/her family.

Departure		Arrival		Distance in KMS	Mode of Travel & class of accommodation used	No of fares	Fair paid	Remarks
Date & Time	From	Date & Time	To					

8. Amount of advance, If any Rs. _____

9. Particulars of journey (s) for which higher class of accommodation than the one to which the Government servant is entitled was used. (Sanction No. & Date to be given)

Place		Mode of Conveyance	Class to which entitled	Class by which actually travelled	No of fares	Fare paid
From	To					Rs.

10. Particulars of journey (s) performed by road between place connected by rail.

Nature of Place		Class to which entitled	Rail Fare (Rs.)
From	To		

Certified that the:-

- Information, as given above is true to the best of my knowledge and belief; and
- That my husband/wife is not employed in Government service/ that my husband/ Wife is employed in govt. service and the concession has not been availed of by him/her separately or himself/herself or for any of the family members of the concerned block year of _____ years.

Date _____

Signature of Govt. Servant

Part – B (to be filled in the Bill section)

- The net entitlement on account of leave travel concession works out to Rs. _____ as detailed below:-
 - Railway/Air/Bus/Steamer Fare : Rs. _____
 - Less amount of advance : Rs. _____

Net Amount : Rs. _____

- The expenditure is debitable to

Initial of Bill Clerk

Counter Signed

Sign of Drawing &
Disbursing Officer

Certified that necessary entries have been made in the Service book of

Mr. /Mrs. /Ms. _____

Signature of the officer authorized
to attest entries in the Service Book