



L.T.C. CLAIM FORM

Note: 1. Information in respect of all columns is compulsory for processing of application.
2. * Strikeout whichever is not applicable.

1.	Employee code No.		2.	Name of the employee					
3.	Designation		4.	Place of posting					
5.	Scale of Pay		6.	Block year					
7.	Home Town	*Yes / No	8.	Other than home town	*Yes / No				
9.	Nature & Period of leave availed	*CL / LAP / LHAP - From: _____ To: _____							
10.	Details of journey undertaken				(Figures in Rupees)				
S. No.	Name	Relation-ship	Age (in yrs.)	Date of journey	From	To	Distance KMs	Mode class of travel	Fare / Total amount
(A) OUTWARD JOURNEY									
i)									
ii)									
iii)									
iv)									
v)									
(B) RETURN JOURNEY									
i)									
ii)									
iii)									
iv)									
v)									
								Total	
11.	Amount of advance taken								
12.	Net amount claimed / refundable								

Encls: Original bills / tickets / vouchers in support of actual journey performed.

(In case travelling has been undertaken by road, bill from the travel agent / taxi driver duly signed stating therein taxi number, date and timings, distance travelled along with the name of the station / place visited should be indicated)

Date: _____

Signature of the employee _____

Signature of Controlling Officer : _____ Name & Desgn.: _____

FOR USE IN THE HRM / ACCOUNTS DEPARTMENT

Claim checked and verified. Recommend for reimbursement / refund of Rs. _____.

Signatures of Dealing Official _____

Manager/HRM

DGM/HRM

Manager/Accounts

GM/F(HQ)

DF