Sub Bill No:----

(Note-This bill should be prepared in duplicate —One for payment and the other as office copy.)

Leave travel Concession Bill for the Block year

- 1. Name:- 2. Designation
- 3. Basic Pay:Grade Pay
 4. Head Quarters
- 5. Nature and Period of leave :
- 6. Particulars of family members in respect of whom the LTC has been claimed.

SI No:	Name	Date of Birth	Relationship with Government Servant
1			
2			
3			
4			

7. Details of journey performed by Govt. Servant and the members of his/her family:-

	ranniny	<u> </u>						
Departure		Arrival		Dista nce in KMs	Mode of travel and class of accommod ation used.	No. of fare s	Fare paid	Remarks

8. Amount of Advance, if any of	drawn Re
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9. Particulars of Journey for which higher class of accommodation than the one to which the Government servant is entitled was used. (Sanction number and date to be given.)

Place		Mode of conveyance	Class to which entitled	Class by which actually traveled	No of fares	Fare paid		Sanction Number and Date
From	To					Rs	Ps	

10.	Particulars	of j	ourney	performed	by	road	between	places	connected	by
rails:-										

Certified that the

- 1. Information as given above is true to the best of my knowledge and belief and
- 2. That my husband/wife is not employed in Government service / that my husband/wife is employed in Government and the concession has not been availed of by him/her separately or himself/herself or form any of the family members for the connected block 2002-2005 grace period.

 3.

	Signature	of	Government
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.								
(a)	Railway/Air/Bus/Steamer fare Rs								
(b) Rs		ince of dr	e of drawn vide Voucher No:						
			Ne	t amou	nt			Rs	
2.	The expenditure is d	ebitable t	0						
Initials	s of bill Clerk			Sig	ınature (of DI	00		
				Co	unter si	gnec	I		
office	r			Sig	nature	of	the	Control	ling
	ied that necessary Smt/Miss	entries	have	been	made	in	service	book	of
	;	Signature of	the Office	er authoriz	zed to atte	st ent	ries in the	service bo	ok.
		MANAAA hi	nfichari	es nic i	n				