



Dr. Ram Manohar Lohia Institute of Medical Sciences
Vibhuti Khand, Gomti Nagar, Lucknow

HOME/LEAVE TRAVEL CONCESSIONAL BILL FOR THE BLOCK YEAR _____

(To be submitted in duplicate- one for payment and the other as office copy of personal file)

PART-A

(To be filled in by the employee/officer/faculty)

1	Name & bank Account No.	
2	Designation	
3	Department	
4	Pay Scale	
5	Basic pay on the date of outward journey	
6	Nature and period of leave availed (enclosed copy of the sectioned order)	
7	Whether LTC or HTC	
8	Reference of sanction (copy enclosed)	

9. Particulars of members of family in respect of whom LTC is being claimed

Sl. No.	Name(s)	Age	Relationship

10. Details of Journey(s) performed

Departure		Arrival		Distance (in Km.)	Mode of Transport	Class of Accommodation	No. Fares
Date	Place	Date	Place				
1	2	3	4	5	6	7	8

Fares Paid	Ticket No. date & place of purchase	Re-Imbursable fare as per entitled class by shortest route					
		Mode	Class	Distance	No. of Fare	Rate of Fare	Total Fare
9	10	11	12	13	14	15	16

11. Amount of advance, if any drawn:
(Cheque No. _____ Date _____)
12. Net reimbursable amount
13. Certified that
- The information as given above is true to best of my knowledge and belief.
 - I have not submitted any other claim so far in respect of above family members for the block year _____
 - My husband/wife is not employed in Government service/my husband/wife is employed in Government service and the concession has been availed of by him/her separately for himself/herself or for any the family members for the concerned block years _____ to _____
 - My husband/wife for whom LTC/HTC is claimed by me is employed in _____ (Name of department) which provides LTC/HTC facilities but he/she has not preferred and will not prefer, any claim in this behalf to his/her employer, and
 - My wife/husband for whom LTC/HTC is claimed by me is not employed in any department financed wholly or partly by the Government or Local Bodies, which provides LTC facilities to its employees and their families.

Date:

SIGNATURE OF THE EMPLOYEE

RECOMMENDATION OF HOD

PART – B

(To be filled in by Head of the Establishment/Department)

Certified:

1. That Sri/Smt./Kumari _____ has rendered continuous service for one year or more on the date of commencing the outward journey.
2. That necessary entries as required under rules have been made in the service book of Sri/Smt./Kumari _____
3. That the aforesaid claim is verified and forwarded first time for payment/adjustment with reference to Sanction memo No. _____ date _____

Date:

Signature of the head of the
Establishment with Seal

PART – C

(To be filled in by Finance Department)

1. The entitlement on account of LTC/HTC claim work out to be as under:
 - a. Railway/Air/Bus/Steamer fare Rs. _____
 - b. Less advance drawn on dated _____
 - c. Net amount payable Rs. _____
2. The expenditure is debitable to _____

DEALING ASSISTANT

Dealing Assistant

Accounts Officer

Finance Officer

Countersigned