

**NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
NEW MEHRAULI ROAD, MUNIRKA, NEW DELHI -110067.**

LEAVE TRAVEL CONCESSION BILL FOR THE BLOCK OF YEAR _____

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

PART – A

(To be filled up by Government Servant)

1. Name _____ 2. Designation _____
 4. Pay _____ 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 :

S.No.	Name	Age	Relationship with the Govt. servant
1.			
2.			
3.			
4.			
5.			
6.			

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

Departure Date & Time	From	Arrival Date & Time	To	Distance In Km.	Mode of Travel & class of accommodation used	No. of fares	Fare paid	Remarks

8. Amount of Advance, if any drawn: Rs. _____

9. Particulars of Journey(s) for which higher class of accommodation than the one to which the Govt. servant is entitled was used (sanction no. & date to be given):

From	Place To	Mode of conveyance	Class to which entitled	Class by which actually traveled	No. of fares	Fares paid (Rs.)

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

Name of place		Class to which entitled	Rail Fare
From	To		

Certified that

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 Govt. service and the concession has not been availed of by him/her separately or himself/herself or for any of the family members for the concerned block of _____ years.

Dated _____

(Signature of Govt. Servant)

PART – B

(To be filled in the Bill Section)

1. The net entitlement on account of Travelling Allowance works out to Rs. _____ as detailed below:

- | | |
|--|-----------|
| a. Railway/Air/Bus/Steamer fare | Rs. _____ |
| b. Road Mileage for ____ kms. @ ____ per km. | Rs. _____ |
| c. Transfer Grant | Rs. _____ |
| d. Transfer incidents (DA for ____ days) | Rs. _____ |
| e. Transportation of personal effects | Rs. _____ |
| f. Transportation of Private Conveyance | Rs. _____ |

Gross Amount

Rs. _____

- g. Less amount of advance(s) if any, drawn
Vide voucher(s) no. _____ dated _____

Rs. _____

Net Amount

Rs. _____

2. The expenditure is debitable to **L.T. C. Final.**

Initial of
Bill Clerk

Accountant

Signature of Drawing & Disbursing Officer

Countersigned

Signature of Controlling Officer

Passed for payment for Rs. _____ Rupees _____ only)

Accounts Officer

