

**INDIAN INSTITUTE OF SCIENCE, BANGALORE - 560012
LEAVE TRAVEL CONCESSION BILL**

1. NAME		5. DECLARED PLACE OF VISIT			
2. DESIGNATION		6. DEPARTMENT		ECE	
3. BASIC PAY		7. ADVANCE BILL NO			
4. NATURE OF LEAVE AVAILED /SANCTIONED		FROM		TO	

8. PARTICULARS OF MEMBERS IN R/O OF WHOM THE L.T.C. HAS BEEN CLAIMED (including self, if availed)

Sl. No.	Name	Age	Relationship	Remarks
1				
2				
3				
4				
5				
6				
7				
8				

9. Details of Journey performed (Onward)

Departure		Arrival		Mode of travel Air/Train/Bus Ticket Nos.	Distance in Kms.	Amount claimed	Remarks
Date	Place	Date	Place				

9. Details of Journey performed (Return)

Departure		Arrival		Mode of travel Air/Train/Bus Ticket Nos.	Distance in Kms.	Amount claimed	Remarks
Date	Place	Date	Place				

Gross Amount	
Amount of Advance	
Balance amount	

Certified That,

1. The information as given above is true to the best of my knowledge and belief.
2. The Air/Train/Bus tickets for the journeys performed are enclosed.
3. That my husband/wife is not employed in Govt. Service/Public Sector Undertaking/Corporation/Autonomous Body/Local Body financed by Government.
4. That my husband/wife is employed in Government Service/Public Sector Undertaking/Corporation/Autonomous Body/Local Body financed by Government and the LTC has not been availed of by him/her separately Or for any of the family members for the block year.....to.....from that organization. Necessary certificate from his/her employer has been enclosed.

Date:

FOR OFFICE USE ONLY		
Passed for Rs. _____	Debit _____	
Adjustment Rs. _____	Credit _____	
For Payment Rs. _____		
Supr/Supdt. Accounts Officer	Internal Auditor	Financial Controller

Signature & Designation of the Employee

Signature and seal of Dept. Chair