भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान बरहमपुर
Indian Institute of Science Education and Research Berhampur
Established by the Ministry of HRD, Govt. of India

LTC Claim

Bill No: **Date:**

Institute A/C:		LTC Block Year:	
Name:		PF No:	
Designation:		Department:	
Level /G.P:		Period of Leave: From	to
Home Town		Elsewhere	
Nearest Railway Station:			

I. Name of the dependent family members

LTC Sanction Order No. : *(copy attached)*

Sr. No.	Name	Relation	Age

II. *Journey Particulars*

Departure			Arrival			Mode (Rail/Air/ Road)	Class	KM	Bills No./ PNR No.	Rs.
Station	Date	Hr.	Station	Date	Hr.					
Total Travel cost										

III. Claim summary:

			Particulars (if any)	Rs
1.	**Grand Total :**			
2.	Less Advance, if any:			
3.	Net claim: Payable/Refundable (+/-)			

I certify that the Journey has been performed by entitled class and tickets have been booked at the lowest fare available for destination at the time of booking. The expenditure claimed is actual and true.
I Further Certify that the airfare claimed by me is in respect of the fare charged by the Airline for the air journey only and does not include charges for any undue facility/benefit including lodging/boarding/transportation.

Signature of the claimant

IV. *Approval*

Grand Total Rs.	
Forwarded & recommended by *PI / Dept. Coordinator / HOD*	*Approved* as per Rules *DoFA / Registrar / Director*

V. *For the use of Administration / DOFA Office:*

Checked & Entered in SR page No:_____after availing LTC Dealing Assistant	Verified by A.R./ Admin. Officer / DoFA

VI. *For the use of F&A office only:*

Passed for an amount of Rs: In words:		
Jr. Asstt. / Office Asst.	Jr. supdt. / Supdt.	DR(F&A) / Finance Officer

VII. *Receipt:*

Received Cash/ Cheque No. for Rs: **Date:** **Signature of Claimant/Recipient**