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

SPECIAL CASH PACKAGE CLAIM FORM IN LIEU OF LTC

Bill No: **Date:**

LTC Sanction Order & Date			
Institute A/C:		LTC Year/Block Year	
Name:		PF No:	
Designation:		Department:	
Pay matrix Level:		Basic Pay:	
Home Town		Elsewhere	
Amount of Advance Taken			

Name of the dependent family members for which Special cash package in lieu of LTC availed

Sr. No.	Name	Relation	Age

CLAIM SUMMARY

Details of Items Purchased:(Attach separate sheet if more items are purchased)

SL No	Bill No	Date of Bill	Goods/Services	Vendor	GST%	Amt	Mode of Payment (attach proof)
1							
2							
TOTAL							
Less advance, if any							
Excess amount claimed/Balance deposited: (+/-)							

Certified that:

- My spouse is (a) not employed ( ) (b) is a Central / State Govt. Servant ( ) and that she/he has not claimed/will not claim LTC /Special Cash package in lieu of LTC for self and dependents from other sources.
- **The invoices submitted under this claim has not been claimed elsewhere.**

Signature of the claimant

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

Checked & Entered in SR page No:_____ Dealing Assistant	Verified by A.R. / D.R. / DoFA

2.For the use of F&A office only: VERIFIED / Remarks (if any)

Passed for an amount of Rs: In words: Rupees _____			Recommended for approval & sanction	
Jr. Asstt. / Office Asst.	Jr. supdt. / Supdt.	A.R, F&A	D.R.	Registrar

APPROVAL

Forwarded & recommended by *FIC / Dept. Coordinator / HOD*	***Approved* as per Rules** *Registrar / DoFA / Director*

Receipt:

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