INDIRA GANDHI NATIONAL CENTRE FOR THE ARTS <u>SUTRADHARA DIVISION</u>

Leave Travel Concession Claim/Adjustment Bill for the Bock of Year to

PART -A (To be filled in by employee):

FANT -A (TO be filled in by employee).						
1.	Name	:				
2.	Designation	:				
3.	Grade Pay & Pay Band	:				
4.	Home Town	:				
5.	Place authorized to be visited other than Home Town	:				
6.	Nature and Period of least Sanctioned	ave :	from to			
7.	Particulars of members self:	of fam	ily in respect of whom the LTC has been claimed including			

S.No.	Name	Age	Relationship with the employee

8. Details of journey(s) performed by the employee and the members of his/her family:

Date	Place	Date	Place	Distance in Kms.	Mode of No. of Travel Fare and class of accommodation used	Fare Paid	Tkts. etc. Nos.

9. Amount of	Advance, if any di	rawn Rs				
10. Particulars of journey(s) performed by road between place connected by rail.						
Name of Place		Class to which entitled	Rail Fare			
From	То					
11. Information, as given above is ture to the best of my knowledge and belief: (a) that my husband/wife is not employed in Govt. service. That my wife/husband is employed in Govt. Service and the concession has not been availed of him/her separately or himself/herself or for any of the family members for concerned block of						
(b) that the fare claimed by me for availing the LTC for self and family has actually been spent by me towards the cost of travel fare only for travelling by Air/Train/Bus (name of airline, if applicable).						
			(Signature of Employee) Date: Section: Tel.No.:			

PART -B (To be filled in the Section):

L2.	The net entitlement on account of Leave Travel Concession works amounting to						
	Rs as detailed below:						
	(a)	Air/Railway/Bus/Stea	amer fa	res Rs.			
	(b)	Less amount of adva	nce dra	wn:			
	Vide B	ill No	Rs				
	Dated						
	Net Ar	mount to be paid/reco	vered,	if any Rs			
					(Dealing Assistant)		
	<u>Sectio</u>	n Officer					
	Expen	diture is debitable to	:				
	Total [Budget Grant for	:				
	Expen	diture this bill	:				
	Expen	diture so far	:				
	Baland	ce	:				
					(Signature of Drawing)		
					Disbursing Officer		
					Countarsianad		
					Countersigned		
				(Signatı	ure of Controlling Officer)		
				/=·B			

Administration Section

Certified that necessary entries have been made	in the Service Book of
Shri/Smt./Ms	
	(Signature of the Officer authorized to) Attest entries in the Service Book
	Bill Nodate
Send to Accounts Branch for arranging payment	
(Signature of t	he Officer authorized to sign the bill)