



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

1. NAME :

5. DECLARED PLACE OF VISIT

HOME TOWN
ANY PLACE IN INDIA

2. DESIGNATION :

6. DEPARTMENT :

3. BASIC PAY : **Rs.**

7. ADVANCE BILL NO.

4. NATURE OF LEAVE AVAILED / SANCTIONED : FROM TO

8. PARTICULARS OF MEMBERS IN R/O OF WHOM THE TO
(including self, if availed)

| SL.No. | Name | Age | Relationship | Remarks |
|--------|------|-----|--------------|---------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |

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 | | | | |
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Contd. 2

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 | | | | |
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Gross Amount Claimed.....
 Amount of Advance Sanctioned.....
 Balance amount claimed/refunded.....

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 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
 Countersigned by

Chairman
 Dept. of Electrical Engineering

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|-----------------|
| (Chairman Seal) |
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