

BILL FOR LEAVE FARE ASSISTANCE

Name of the Applicant:

Employee ID :

Designation:

Department:

Date of Joining:

Posting Place:

Duration of Leave: From: To:

Total days (excluding Company Declared Holiday(s) and Weekly off day(s)): (Days)

LFA Details:

*I am intending to draw full LFA.

I agreed to refund the LFA if I fail to enjoy the earned leave.

Signature:

Date :

To be filled-up by Accounts Department:

Basic Pay:

Amount Payable of Full Basic:

Prepared

Checked

Recommended

Approved

Approved

Sr. Executive (A&F)

Sr. Executive (A&F)

AGM (A&F)

G.M. (HRD)

Executive Director (A&F)

Note: Photocopy of Approved Leave Application must be submitted with the LFA Bill.