**LTA [Leave Travel Allowance] Claim Form**

**DATED: [Mention the Date]**

**[Company’s Name]**

**BILL FOR LEAVE TRAVEL ALLOWANCE**

NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPT.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESIGNATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERIOD: [From Date] TO [To Date]

CLASS OF JOURNEY:\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF THE PERSON AGE FROM TO RELATIONSHIP

PERIOD OF LEAVE FROM —————- TO ——————–

TRAIN NO.\_\_\_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FARES @ OF \_\_\_\_\_\_\_\_\_ FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERSON.

TOTAL AMOUNT :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORISED :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADJ. ADV, IF ANY :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT PAYABLE :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A/C HEAD DEBITED

—————-

O/S LIABILITY L.T.A.

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

| | | |

| | | |

|\_\_\_\_\_\_\_\_\_\_| |\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPT. HEAD PASSED BY APPROVED FOR PAYMENT RECEIVED BY