

**CLAIM FOR LEAVE TRAVEL ASSISTANCE (LTA)**

Name : \_\_\_\_\_ Designation : \_\_\_\_\_

Department: \_\_\_\_\_ Employee Code \_\_\_\_\_ Grade \_\_\_\_\_

Basic Salary Rs.: \_\_\_\_\_ Bill Submission Date : \_\_\_\_\_

**Details of persons traveled :**

Sl. No.	Name of the person	Relationship to the employee
1		
2		
3		
4		
5		
6		

**Details of Journey**

Sl. No.	Date of Travel	From	To	Travel by Rail / Air / Bus / Taxi	Class of Travel	Amount Rs.
1						
2						
3						
4						
5						
6						

**DECLARATION**

I hereby declare that I have actually spent the claimed amount on travel by self on leave and family for the year ..... / block of two years .....

.....  
**Signature of Claimant**

.....  
**Leave Sanctioning Authority**

.....  
**Verified by HR Deptt.**

.....  
**Signature of Registrar**

**For Accounts Use:**

**Checked by.....**

**Passed For Rs. ....**

**Asstt Finance**

**Officer Finance Officer**

**Date .....**

**Date .....**