



LUMP SUM LFA

PAYMENT CLAIM-CUM-VOUCHER

Date:

/ / 200

Place:

Name:

Emp. No:

Design:

Grade

Department:

Date of joining in I.O.C:

Block for which Lump-sum LFA payment is claimed:

200.....200

Block for which lump-sum payment was received last:

200.....200

*I certify that my wife/husband is not employed in any Government Department/any other Organization, which provides LTC/LFA facility to its employees and members of family.

OR

*My wife/husband is employed in _____, which provides LTC/LFA Facility and/or Free/Concessional Tickets but she/he is not availing the same from her/his employer and has not preferred and will not prefer any claim from her/his employer in this respect for the Block years for which LFA claim is being made by me. (Certificate from the employer of the spouse is enclosed / already submitted).

I further certify that I have not availed of and will not avail any Free/Concessional Tickets or LTC from any other source (including Railways/Airlines) for the applicable Block Year for self, spouse and other dependent family members.

Signature of Employee

* Strike out whichever is not applicable.

LFA Payment is due to the employee for the Block 200.....200

Date:

ERO/SERO

FOR USE OF FINANCE DEPARTMENT

P.C. Voucher No.

Dated:

A/C Code:

Passed for payment (in Rs.)

A/C Head:

(Rupees in words)

.....

Asstt. / Accountant:

Received payment:

Date:

A.O / S.A.O

Signature: