राष्ट्रीय प्रौद्योगिकी संस्थान वारंगल

NATIONAL INSTITUTE OF TECHNOLOGY WARANGAL

An Institute of National Importance

FORM – ES / 08 | **LEAVE TRAVEL CONCESSION / EL ENCASHMENT BILL**

No. – NITW/..... Date – ..... /..... /20.....

☐ LTC only ☐ LTC along with Leave Encashment

Name – Dr./Mr./Ms. Emp. Code –

Department – Designation – Gr. Pay – ₹

LTC Order Ref. No. – NITW/ES/ , Date - / / 20 .

PART – A : FAMILY / LTC PARTICULARS

Name of Home Town or visited Place of Interest for which availed LTC				
Nearest Railway Station to the above place				
Details of self / dependent family members for whom LTC is claimed in this Bill		NAME	AGE	RELATIONSHIP
	1			Self
	2			
	3			
	4			
	5			
	6			
	7			

PART – B : POINT TO POINT JOURNEY PARTICULARS

FROM		TO		Mode of Travel	Class of Travel	Fare Expense	Ticket / PNR No.*
Date	Place	Date	Place				
	Warangal						
			Warangal				

N.B. – Please enclose original Air Ticket along with Boarding Pass, Railway Ticket, original receipt for taxi hired from any Govt. agency/organization.

PART – C : LEAVE ENCASHMENT

Number of days already en-cashed [Max – 60] Number of days applied now [Max – 10]

I,hereby declare that I/my family members actually availed the LTC and the expenses have not been claimed by me and/or paid to me from any other source. Advance of ₹ paid to me on may be adjusted against this claim.

Forwarded [to Establishment office].

Signature of the HOD/HOC/HOO

Signature of the Employee

(Please print page – 2 on the back of page – 1 in the same sheet)

FOR USE IN ESTABLISHMENT * OFFICE ONLY

Asst./Dy. Registrar (FA)

Necessary entries provided in appropriate Registers/Service Book of the employee. Particulars provided at Part – A verified and found to be correct. LTC may be processed for the Block Period 20…… - ……., to ……..…… for the claimant and/or his/her dependent family members as mentioned at Sl. Nos. – 1, 2, 3, 4, 5, 6, 7 [cut which is not admissible] as per applicable rules.

Leave encashment* may be paid for ……. (……..) days.

.....	.....	.....	.....
Dealing Seat	Superintendent	AR (Admin.)	DR (Admin.)

Cc to – (a) LTC File, (b) Personal File

FOR USE IN FINANCE & ACCOUNTS OFFICE ONLY

#	HEAD OF EXPENSE	ADMITTED BY F&A OFFICE	ADMITTED BY IA OFFICE
1	**Leave Travel Concession**		
a	Train / Bus Fare		
b	Air / Ship Fare		
c	Taxi/Cab hire charges [only if admissible]		
	Total of 1		
2	**Add: Leave Encashment [if applicable]**		
3	**Less: Advance** [LTC + Leave Encashment]		
	Grand Total [Payable]		

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Accountant	Superintendent	**DR (FA)**

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DA	Superintendent	**AR (IA)**

Under Rs. …….. (Rupees ……
……
…….. only).

DR (FA)

Passed for Rs. …….. (Rupees ……
……
…….. only).

Registrar/Dean(FW)/Director

Dealing Asst. (Cash / Cheque)

Please transfer by Cheque an amount as passed above by the competent authority.

DR (FA)

Transferred by CHEQUE No. …….

Dated – ……../……../20…….

Dealing Asst. (Cash / Cheque)

*** N.B. – Establishment may forward this form in original along with all enclosures keeping 2 photocopies of this form only - 1 each in LTC & Personal File.**