



INDIAN INSTITUTE OF TECHNOLOGY INDORE

LEAVE TRAVEL CONCESSION CLAIM

Form: F4

1.Name of the Applicant:	2.Designation:
3. Department::	4.Grade Pay:
5.Block year for LTC :	6.Home town / Declared destination :
7. LTC travel period : From _____ to _____	8.Nearest railway station / Airport of destination:
9. Sanction OM No and Date : _____	10.Advance drawn Rs : _____

11. Particulars of members of family in respect of whom the L.T.C. has been claimed/ availed:

S.No.	Name of the employee/ family members	Age	Relationship with employee
1.			
2.			
3.			
4.			
5.			

12. Details of journey(s) performed by applicant and the members of his/her family.

Departure		Arrival		Distance in Kms	Mode of Travel(Air/ Train/Bus)	Class of travel used	Fare paid (Rs)	Reservation charges/ surcharge (Rs)	Ticket No
Date and time	From	Date and time	To						
Total claim (Rs)									
Advance (if any)-					Net claim/Refund				

Certified that the:-

- Information, as given above is true to the best of my knowledge and belief: and
- Railway tickets/bus tickets/air tickets with boarding pass are enclosed.

Signature of the Applicant**(FOR FINANCE OFFICE USE)**

Particulars	Amount(Rs)
Amount Claimed (Rs)	
Amount Passed for Payment (Rs)	
Less-Advance Drawn Bill No _____ dated _____	
Net claim Amount (Rs)	

Dy. Manager

Manager

AR/DR

Registrar