**TRANSMISSION CORPORATION OF TELANGANA LIMITED**

**Traveling Allowance/Transfer Traveling Allowance**

**Leave Travel Concession CLAIM**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Officer  |  |
| 2. | Designation |  |
| 3. | Pay  | 4. | Grade  |
|  | Office: | 6. | Headquarters  |
| 7. | If the claims is for L.T.C. indicate |  |  |
|  | a) Block period | b) | Whether spouse is Board Govt. employee Yes/No |
| 8. | If the claim is for L.T.C./T.T.A. indicate list of family members |  |  |
|  |

|  |  |  |
| --- | --- | --- |
|  | Number | Whether fully dependent |
| Wife |  | Yes/No |
| Sons |  | Yes/No |
| Daughters |  | Yes/No |
| Father |  | Yes/No |
| Mother |  | Yes/No |
|  |  | Yes/No |

 | 9.a)b) | If the claims is for T.A. indicate whether Boarding Lodging is provided at concessional rates:Boarding Yes/NoLodging Yes/No |
| Whether the cancellation of journey is unavoidable and beyond the control of employee/officerYes / No / Not applicable |
|  |  | 10. | Date of submission of claim to the controlling officer. |

11. Cancellation Charges:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | JOURNEY | TICKET NUMBER | TRAIN/FLIGHT NUMBER | AMOUNT Rs. |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

12. Details of Journey:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | DEPARTURE(a) | ARRIVAL (b) | PURPOSE OF JOURNEY (c) | KIND OF JOURNEY (d) | CLASS (e) |
| PLACE | DATE | TIMEHrs. | PLACE | DATE | TIMEHrs. |
| A |  |  |  |  |  |  |  |  |  |
| B |  |  |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |  |  |
| D |  |  |  |  |  |  |  |  |  |
| E |  |  |  |  |  |  |  |  |  |
|  | FARE (f) | MILEAGE BY BOARD | Conveyance Charges Rs. (h) | Lodging Charges Rs. (i) | Daily Allowance Rs. (j) | Number of family members LTC/TTA claim (k) | Total Amount Rs. (l) |
| Distance in Km (g) | Rate Rs. | Amount Rs. |
| A |  |  |  |  |  |  |  |  |  |
| B |  |  |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |  |  |
| D |  |  |  |  |  |  |  |  |  |
| E |  |  |  |  |  |  |  |  |  |
| F |  |  |  |  |  |  |  |  |  |
| TOTAL |  |  |

13. Packing Charges (T.T.A. claim) 14. Un packing charges (T.T.A.Claim)

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

15. Disturbance Allowance T.T.A.Claim 16. Personal effects

17. Total Claim

|  |  |  |
| --- | --- | --- |
| Total of Sl.No. | Rs. No. | 1. I certify that I have preferred the “T.A./T.T.A./L.T.C. claim according to the relevant Board rules and I also undertake that in case the information furnished/the amount of claim preferred by me is found to be incorrect at later date, I agree to recover such excess amount from my salary and I am also abide by the disciplinary action initiate against me.
2. Actual expenses claimed in the bill was incurred by me.
 |
| 11 | 18,785/- |
| 12 ( ) |  |
| 13 |  |
| 14 |  |
| 15 |  |
| 16 |  |
| TOTAL |  |
| LESS ADVANCE |  |
| NET PAYABLE /RECOVERABLE |  |

FOR USE IN PAYING OFFICE

 SIGNATURE OF THE EMPLOYEE

Total amount of the bill admitted: Rs.\_\_\_\_\_\_\_\_\_

###### SIGNATURE OF THE COUNTER SIGINING OFFICER

Amount disallowed : Rs.\_\_\_\_\_\_\_\_\_

Reasons for disallowing: Rs.\_\_\_\_\_\_\_\_\_ Received: Rs

STAMP

 *Signature of the Employee*

SIGNATURE OF THE PAYING OFFICER

NOTE: Strike out inapplicable portions