**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/No  Lodging Yes/No |
| Whether the cancellation of journey is unavoidable and beyond the control of employee/officer  Yes / 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 | | TIME  Hrs. | | | PLACE | | DATE | | TIME  Hrs. |
| 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