Annexure V

Leave Travel Assistance Claim Form

Employee No.		**Date**	
Name			
Department		**Location**	

Details of persons traveled:

S.No.	Name of the person	Relationship to the employee

Details of Journey

S.No.	Date of Travel	Mode of Travel	From	To	Class (in case of train/ Air travel)	Amount per Ticket
Total Expenses						

*Attach all the relevant bus/train/air tickets and boarding passes. Also attach original bills of other expenses claimed.

DECLARATION

I hereby declare that the above furnished information is true to the best of my knowledge.

Signature of the Employee
Date:

For Accounts Department

1. LTA Entitlement (p.a.)	Rs. _____		
2.Total LTA Entitlement up to _____	Rs. _____		
*Last year balance + current year due upto 31st March			
3. LTA Advance (If any)	Rs._____	**4.Date of Advance**	
4. Amount Claimed	Rs._____		
5.Balance LTA [2-(3+4)]	Rs._____		

Amount Exempt from Income Tax	Rs. _____
Total Taxable Amount	Rs. _____
Income Tax on Taxable Amount	Rs. _____

Signature **Date**