

**LEAVE TRAVEL ALLOWANCE REIMBURSEMENT FORM**

NAME:

EMP. CODE:

DESIGNATION:

DEPARTMENT:

CLAIM PERIOD: FROM:

TO:

NAME OF PASSENGERS:

RELATIONSHIP WITH EMPLOYEE	NAME	DATE OF DEPARTURE	DATE OF ARRIVAL	MODE OF TRAVEL / CLASS OF	TOTAL AMOUNT
SELF					
SPOUSE					
<b>GRAND TOTAL</b>					

**Important Note:** \* Please attach original travel tickets & bills as applicable

I hereby certify and confirm that only I,..... will be availing the tax benefit as per the Income Tax laws applicable for claiming LTA reimbursements and that my spouse has not and will not be claiming any such reimbursements or tax benefit for the said block period.

Signature of Employee:

DATE:

**(For Use by Human Resources Department / Accounts only)**

	AMOUNT	NAME	DEPT.	SIGN	DATE	REMARKS
<b>Entitlement</b> (Entitlement / Eligibility period start subject to joining date / revision date)						
<b>Amount already claimed</b>						
<b>Amount claimed as per the application form</b>						
<b>Amount to be reimbursed</b>						
<b>Balance C/f</b>						

Checked By:

Sanctioned By:

**(For Accounts Dept.)**

Received Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

(Employee's Signature)