



International Management Institute

APPLICATION FOR LTA CLAIM

For the Years _____ to _____

1. Name: _____ Designation: _____
2. Basic Pay _____
3. Nature and Period of leave sanctioned : -
Nature of Leave _____ from _____ to _____
4. Details of last LTA claimed i.e. year from _____ to _____ on _____ (Date)
5. Particulars of self and dependent members of family in respect of whom the LTA has been claimed : -

Sl No.	Name	Age	Relationship with employee

6. Details of Journey performed : -

Departure (From)		Arrival (To)		Mode of Travel	Amount
Station	Date	Station	Date		

Certified that the information given above is true and expenditure has been incurred by me.

Date :

Signature of Employee

Approved

Signature