TUTICORIN PORT TRUST

T.A.BILL OF THE ESTABLISHMENT OF   **DEPARTMENT FOR THE MONTH OF**

Name & Designation & E.No.	Head quarters	Pay	Particulars of journey and Halt						Purpose of journey	Kind of journey	Actual fare paid	Dearness Allowance		Total
			Departure			Arrival						Rate per day	Amount	
			Station	Date	Hrs	Station	Date	Hrs					Rs.	Rs.
								Less Advance drawn						
								Net amount payable						
							Amount remitted if any vide receipt No.							

CERTIFICATE

1. Certified that I have not claimed this Bill previously
2. Certified that I have drawn Rs.   / not drawn tour advance
3. Certified that I have travelled more than 8 K.M.
   From Head quarters

Date		Absence from Head quarters		Stay at Metro city	

SIGNATURE OF THE EMPLOYEE

TUTICORIN PORT TRUST
DEPARTMENT
LTC/HTC BILL

DETAILS OF JOURNEY(S) PERFORMED BY THE EMPLOYEE AND THE MEMBERS OF

Details of journey performed						Mode of travel & class used	PNR No & Ticket no.	No. of Fares	Total Fares Paid (Rs)	Total LTC tour advance drawn (Rs)	Balance amount (Rs)
Departure			Arrival								
Station	Date	Hour	Station	Date	Hour						
Outward journey/Name of members availed the tour											
Inward Journey/Name of members availed the tour											

Certified that

1) The information as given above is true to the best of my knowledge and belief
2) My wife/husband is not employed in Government service
3) My wife/husband is not availing of LTC/HTC availed separately for himself/herself or for any of the family
   Members above for the LTC/HTC concession from his/her employer organisation
4) (a) The Place of visit of LTC_____ is not my Home town
   (b) The Place of visit of HTC_____ is my home town
5) The Family members mentioned above by me are wholly dependant upon me and members are included
   In the Medical Identity card
6) I have not availed LTC/HTC previously for this block year
7) I have availed_____ leave during the above period

SIGNATURE OF THE EMPLOYEE