REIMBURSEMENT FORM FOR 'SPECIAL CASH PACKAGE SCHEME' IN LIEU OF LTC

1. Name of Govt Servant : ……
2. Designation & Department : ……
3. Particulars of members of family (including employee) in respect of whom the '**Special Cash Package Scheme'** in lieu of LTC is claimed:

Sr. No.	Name	Age	Relationship with the Govt. servant	Deemed LTC fare per person
			Total Deemed LTC fare	
			Total Deemed LTC fare x 03 =	

4. Whether the EL has been encashed? Yes or No : …… Rs. ……
5. Amount of advance, if any, drawn, …… Rs. ……
6. Please provide details of the bills/invoice/ vouchers in the attached format in '**Annexure- I**' and submit the original copy of the bills along with this form as well as the proof of payment made through digital mode.

CERTIFIED THAT.-

1. The information as given above is true to the best of my knowledge and belief;
2. That my husband/wife is/ isn't employed in Government service/ in Government service and this LTC scheme has not been availed of by him/her separately for himself/herself or for any of the family members for the concerned block of years …… to ……
3. That my husband/wife for whom LTC is claimed by me is employed in……(name of the Public Sector Undertaking/Corporation/Autonomous Body. etc.), which provides Leave Travel Concession facilities but he/she has not preferred and will not prefer, any claim in this behalf to his/her employer; and
4. That my husband/wife for whom Special Cash Package Scheme in lieu of LTC is claimed by me is not employed in any Public Sector Undertaking/Corporation/Autonomous Body. Financed wholly or partly by the Central Government or a Local Body, which provides Leave Travel Concession facilities to its employees and their families.
5. I have adhered to all the provisions laid down in the MoF, DoE OM dated 12.10.2020, 20.10.2020 and 04.11.2020 in the matter of Special Cash Package Scheme in lieu of LTC and has accordingly, made the purchases of goods/ services.

Date: ……

Signature of Government servant

Annexure – I

Sr. No.	Details of bills/ invoice/ vouchers (name of the vendor)	Invoice no. & date	Name of the product	Price of product/ services (P/S)	GST percentage (should be 12% or above)	GST Amount	Total Amount (including GST)	Payments made through digital mode & proof is enclosed (Yes or No)	Copy of original invoice/ voucher is enclosed (Yes or No)
					Total				

Date: ……

Signature of Government Servant
Name-
Designation-

For Accounts Section Use Only					
Max Permissible Limit of Expenditure	**Amount of Expense done by govt servant**	**LE Sanctioned**	**Reimbursable Amount**	**Less Amount of Advance Drawn**	**Amount Payable**

Sign of Maker **Sign of Checker** **Sign of DDO**