

Claim form for Special Cash Package equivalent in lieu of LTC Fare

During the Block Year 2018-21

1. Name of Employee :
2. Employee Code :
3. Designation & Dept. :
4. Pay Level :
5. Sanction order No. & Date :
6. Statement of Bills*[@] :

#	Particulars	Invoice No.	Date	GST %	Amount (₹)
Gross Amount					
Advance Drawn					
Net Amount					

DECLARATION

I declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake that the goods / services as stated above are actually purchased / availed by me / my dependants. The goods / services carry a **GST rate not less than 12%** and purchased from GST registered Vendors / Service Providers through **Digital Mode** indicating clearly the GST number and the amount of GST paid.

Place:.....

Signature:.....

Date:.....

Name:.....

** Attach invoices in original.*

@ In case of invoices in thermal paper, attach a self attested photocopy in addition.