To

All Units
(As per list)

Sub: Special cash package equivalent in lieu of Leave Travel Concession fare for central government employees during the Block 2018-2021.

In this context, it is intimated that the following points may please be adhered to while submitting the LTC special cash package claims:

1. If an individual is opting for both LTC cash package and leave encashment then single claim may be prepared and submitted to this section for audit and payment.
2. The claim may be submitted within stipulated time frame. As per instant order claims shall be settled on or before 31st March 2021.
3. Specimen signatures of countersigning authorities may be sent to this office at the earliest.
4. A certificate of family members details for which the special cash package equivalent in lieu of LTC fare has been claimed may be enclosed with the claim (As per format attached).
5. Proof of payment made by digital mode may please be enclosed along with the claim.
6. Claim may please be prepared as per example given in Annexure A of MOF OM dt 12.10.2020.

ACDA (T)
Special Cash Package in lieu of LTC Claim for the Block Year- __________
(Home Town /All India) (As authorized vide GOI Min. of Finance O. M. No. F.No. 12(2)/2020-EII (A), Dt. 12.10.2020 )

1. Service book No. __________________________
2. Name, designation & A/c No. __________________________
3. Basic Pay ______________________ Pay Level ______________________
4. Single deemed LTC fare ______________________
5. Home Town /All India ______________________
6. Claim preferred on ______________________
7. Family details for whom Special Cash package Claimed

<table>
<thead>
<tr>
<th>S.N.</th>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
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8. Expenditure details

<table>
<thead>
<tr>
<th>S.N</th>
<th>Vendor Name</th>
<th>Invoice No.&amp; Date</th>
<th>Item</th>
<th>Basic Price</th>
<th>Qty.</th>
<th>GST</th>
<th>Total Amount</th>
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Amount of LTC Advance:-Rs. ______________________
Amount of Leave Encashment:-Rs. ______________________
Total: ______________________
Balance to be paid /recovered:-Rs. ______________________

Note: 1. Please attach proof in support of online payments to the vendor.
    2. Please submit LTC Claim in duplicate well before 31.03.2020 so that these can be settled up to 31.03.2020

Date: ______________________
Signature of claimant ______________________

Place: ______________________
Name ______________________
Designation & A/c No. ______________________
Office/Section ______________________

Countersignature ______________________