**REIMBURSEMENT FORM FOR ‘SPECIAL CASH PACKAGE SCHEME’ IN LIEU OF LTC**

1. Name of Faculty/Staff :
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 Employee** | **Deemed LTC fare per person** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Total Deemed LTC fare |  |
|  |  |  | Total Deemed LTC fare x 03 = |  |

1. Whether the EL has been encashed? Yes or No : ……………… Rs. ………………………
2. Amount of advance, if any, drawn, Yes or No : …………… Rs. ………………………
3. 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 not employed in Government service/that my husband/wife is employed 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.
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, GOI OM dated 12.10.2020, 20.10.2020 and 04.11.2020 (and all subsequent GOI clarifications) 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 | 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) |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Total |  |  |  |  |

Note:-

1. The invoice submitted should be in the name of the faculty/ employee or in the name of spouse or any other dependent family member who are eligible for LTC fare. Further, the original copy of the invoices/ vouchers should be submitted along with this form.
2. The payments against the purchase of goods/ services should be made through digital mode only and the proof of the same needs to be submitted with this form.
3. Digital Payment transactions can be done through several means. Some of them are Bharat Interface for money (BHIM), BHIM Aadhaar, Bharat QR Code, Unified Payments Interface (UPI), Unstructured Supplementary Service Data (USSD), Immediate Payment Service (IMPS), Debit/Credit Cards, National Electronic Funds Transfer (NEFT), Real Time Gross Settlement (RTGS) etc.

**Undertaking**

I hereby undertake that any amount reimbursed to me against the bills/ vouchers submitted by me under this scheme but such reimbursement/’s was/were later found to be not tenable as per the rules or by CAG Audit or in light of any discrepancy in the bills/ vouchers, then the amount will be refunded by me to the Institute immediately or the same can be adjusted against my future salary/ payments due to me or otherwise, without raising any objection.

Date: ………………………

**Signature of Government servant**