

CIRCULAR



रक्षालेखाप्रधाननियंत्रक (प.क.), चंडीगढ़
PRINCIPAL CONTROLLER OF DEFENCE ACCOUNTS (WC),
Sector-9, Chandigarh-160009
Tel No: EPABX Nos:2741611-614,2741990,2740445, Ext: 286, 280
Fax – 2742552 E-mail: cda-chd@nic.in, Website: pcdawc.gov.in



T/I/4004/Gen Corrs/NonDAD

Date: 21.01.2021

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.

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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

S.N.	NAME	AGE	RELATIONSHIP

8. Expenditure details

S.N	Vendor Name	Invoice No.& Date	Item	Basic Price	Qty.	GST	Total Amount

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