

## CONTINGENT BILL

File No.	GPF/PRAN No.
Name	EMP No.

### For Official Use Only

Total Amount Due (Leave Encashment + LTC Deemed Fare) (In Rs.)	:
Total Advance (Leave Encashment + LTC Deemed Fare) (In Rs.)	:
Total Amount to be Paid [As per Calculation Sheet] (In Rs.)	:

### To be filled by the individual

1. Expenditure on account of purchase of items as per claim dated \_\_\_\_\_ is enclosed.
2. The above claim has not been previously submitted to the PCDA or any other source.
3. Certified that the claim has been prepared strictly in accordance as per rates and instructions laid down in Govt of India, Ministry of Finance, Deptt of Expenditure OM dated 12 Oct 2020 and 25 Nov 2020 regarding Special Cash Package in lieu of LTC.

Received Rs. _____/-  (Rupees _____ _____ only)  <p style="text-align: center;"><b>Signature of the individual on Revenue Stamp</b></p>
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Verified

AO, CAO/MOV-II

Counter Signature

Senior Administrative Officer (MOV)  
For JS & CAO