

Journey Completion Certificate

(For LTC Claims)

Name of Employee : _____
Designation : _____
Department/Section : _____
Employee Code No. : _____
Period of Visit : From _____ To _____
Purpose of Journey : _____

Details of Journey:

S. No.	Date	From	To	Mode of Travel	Distance (km)	Remarks
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____

This is to certify that Shri/Smt/Kum. has completed the above journey(s) as per the particulars given above for the purpose of LTC.

Name & Signature of Controlling/Certifying Officer

Designation: _____

Date: _____

- Certificate should be filled legibly and duly signed by the competent authority.
- All entries in the details of journey must be supported by valid tickets/ticket numbers or relevant bills.
- Any tampering or overwriting in the certificate may lead to rejection of the LTC claim.
- This certificate is mandatory for settling Leave Travel Concession (LTC) claims.
- Ensure name/designation of certifying officer is clearly mentioned with official stamp where required.