

SML ISUZU LIMITED

LEAVE TRAVEL EXPENCES REIMBURSEMENT VOUCHER

E.No. _____

Date of Appointment _____

Deptt. No. _____

Eligibility year _____

I, _____ hereby certify that I have spent a sum of Rs. -
_____/ - (Rupees _____ only) on travelling, for self/self
& family, for proceeding to my home district on leave from _____ to
_____.

I, therefore, request that I may be reimbursed the said amount.

Date _____

SIGNATURE

Name _____

FOR TIME OFFICE:

Certified that Mr. _____ E.No. _____ has availed Earned
leave from _____ to _____ for _____ days. LTA
passed for _____ years.

Last LTA on _____

GENERAL MANAGER-HR

SML ISUZU LIMITED

LEAVE TRAVEL EXPENCES ADVANCE REIMBURSEMRNT VOUCHER

E.No. _____

Date of Appointment _____

Deptt. No. _____

Eligibility year _____

I, _____ require a sum of Rs. _____/-
(Rupees _____ only) on traveling, for self/self
& family, for proceeding to my home district on leave from _____ to _____.
I, therefore, request you to kindly sanction me the advance.

Date _____

SIGNATURE

Name _____

FOR TIME OFFICE:

Certified that Mr. _____ E. No. _____ has availed
Earned leave from _____ to _____ for _____ days. LTA
passed for _____ years.

Last LTA on _____

GENERAL MANAGER-HR