PRECEPT UPON BILLING AUTHORITY

To **CARMARTHENSHIRE COUNTY COUNCIL** being the Billing Authority for the said area.

You are hereby authorised to pay to: Llansteffan & Llanybri

Community / Town / Rural Council
(delete as necessary)

the sum of : £23,500.00p

twenty-three thousand five hundred pounds.

(please state the amount in both figures and words)

being the Council's precept for the financial year 2025/26, authorised at a meeting of the said Council held on the ..... day of ..... 20.....

Signature of Presiding Chair

Signature of Clerk to the Council

Bank Details for Payment

Name of Bank: Nat West

Branch Sort Code: 56-00-42

Account Number: 02417103

Please ensure that **ALL** boxes are completed

Please return the completed form either by:

email (scanned copy) to: CAccountancy@carmarthenshire.gov.uk

post (original) to: Carmarthenshire County Council
FAO Emma Davies, Accountancy Section
Corporate Services Department,
County Hall, Carmarthen SA31 1JP

Cyngor Sir Gâr
Carmarthenshire
County Council