

PRECEPT UPON BILLING AUTHORITY

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

You are hereby
authorised to pay to:

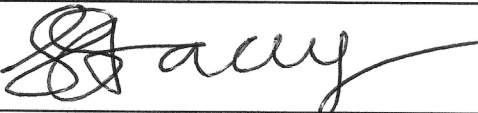
Llansteffan & Llanybrî
Community / Town / Rural Council (delete as necessary)

the sum of :	£23,500.00 p
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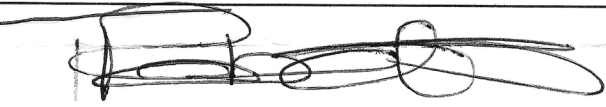
twenty three thousand five hundred pounds .
(please state the amount in both figures and words)

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