

**Prompt Payments by Public Sector Bodies**

**Reporting Template pursuant to Government Decision S29296 of 2 and 8 March 2011 and 28 March 2017 by:**

**The Health Service Executive, the Local Authorities, State Agencies and all other Public Sector Bodies, (excluding Commercial Semi State bodies)**

**Parent Government Department:** Department of Housing, Planning, Community and Local Government

**Public Sector Body:** TIPPERARY COUNTY COUNCIL

**Quarterly Period Covered:** 01/04/2026 to 30/06/2026

| Details                                                                                       | Number | Value (€)      | Percentage (%) of total number of payments made |
|-----------------------------------------------------------------------------------------------|--------|----------------|-------------------------------------------------|
| Total invoices paid in Quarter                                                                | 14224  | €38,338,102.86 | 100%                                            |
| Payments made within 15 days                                                                  | 11062  | €32,933,186.95 | 77.77%                                          |
| Payments made within 16 days to 30 days                                                       | 3159   | €5,403,158.53  | 22.21%                                          |
| Payments made in excess of 30 days that were <u>subject</u> to LPI and compensation costs     | 0      | €0.00          | 0.00%                                           |
| Payments made in excess of 30 days that were <u>not subject</u> to LPI and compensation costs | 3      | €1,757.38      | 0.02%                                           |
| Amount of Late Payment Interest (LPI) paid in Quarter                                         | N/A    | €0.00          | N/A                                             |
| Amount in compensation costs paid in Quarter                                                  | N/A    | €0.00          | N/A                                             |

**Signed:** Claire Ryan, Accountant

**Date:**

**Please return completed template to:**

**Name:**

**Parent Department:** Department of Housing, Planning, Community and Local Government

**Address:**

**E-mail:** [LGHRPromptpayments@housing.gov.ie](mailto:LGHRPromptpayments@housing.gov.ie)