

Statement For:	Please Pay By:	Amount Due:
AUGUST 1-31,2023	September 10, 2023	P 49,049.20

## **Questions?** Contact

Ma. Luz Alcala Phone: 501-3000/09190699481 E-mail: leasingacctg@alturasbohol.com

: SOA0000010 SOA No.

Date of Transaction: August 31, 2023

**Billing Period** 

: AUGUST 1-31,2023

: BOHOL DENTAL CARE **Trade Name** 

: BOHOL DENTAL CARE CENTER **Corp Name** 

LESSEE'S INFORMATION

TIN : 168-308-459-001

: ISLAND CITY MALL DAMPAS DIST. Address

Please make all checks payable to ISLAND CITY MALL, Acct # 9471 -0016-59

## **Statement of Account**

Rental						
Basic Rent				P 33,825.33		
Vat Output Creditable Witholding Tax			4,059.04			
			-1,691.27			
Sub Total				P 36,193.10	P 36,193.10	
Add:Other Char	ges					
Aircon Water				4,881.00		
Prese	ent	Previous	Consumed			
198.0		182.00	16.00	832.00		
Common U Electricity	Jsage Ch	arges		4,881.00		
Prese		Previous	Consumed			
- , -	26.00	9,892.00	134.00	1,474.00		
Pest Contro				488.10 300.00		
Notary Fee	;			300.00		
Sub Total				P 12,856.10	P 12,856.10	
Total Current Amount Payable			_	P 49,049.20	P 49,049.20	
Total Amount Payable			_	P 49,049.20		

Corporate Leasing Manager

Thank you for your prompt payment!

Note: Presentation of this statement is sufficient notice that the account is due. Interest of 3% will be charged for all past due accounts. THIS DOCUMENT IS NOT VALID FOR CLAIM OF INPUT TAX

Run Date and Time: 2023-08-29 10:08:01 AM