

Statement For:	Please Pay By:	Amount Due:
FEBRUARY 1-29, 2024	March 10, 2024	P 103,648.40

## LESSEE'S INFORMATION

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

Trade Name : BOHOL DENTAL CARE SOA No.

Corp Name : BOHOL DENTAL CARE CENTER Date of Transact

TIN : 168-308-459-001

Address : ISLAND CITY MALL DAMPAS DIST.

SOA No. : SOA0000617

Date of Transaction: February 29, 2024

Billing Period : FEBRUARY 1-29, 2024

Please make all checks payable to ISLAND CITY MALL; BANK:BPI ACCOUNT No. 9471-0019-85

## **Statement of Account**

DESCRIPTION			AMOUNT		
VIOUS					
January 2024			P 51,981.20		
Total Previous Amount Payable		P 51,981.20		P 51,981.20	
RENT(February 2024)					
Rental					
Basic Rent			P 33,825.33		
Vat Output			4,059.04		
Creditable Witholding Tax			-1,691.27		
Sub Total			P 36,193.10	P 36,193.10	
Add:Other Charges					
Aircon			4,881.00		
Water					
Present	Previous	Consumed			
560.00	490.00	70.00	3,640.00		
Common Usage Charges Electricity		4,881.00			
Present	Previous	Consumed			
10,858.00	10,714.00	144.00	1,584.00		
Pest Control			488.10		
Sub Total			P 15,474.10	P 15,474.10	
<b>Total Current Amount Payable</b>			_	P 51,667.20	P 51,667.20
Total Amount Payable				_	P 103,648.40

Certified:

Karen Jame Longjas

Corporate Leasing Manager

Acknowledgment Certificate No. : AC\_123\_122023\_000135

Date Issued : December 12, 2023

Series Range : SOA0000001 - SOA9999999

Thank you for your prompt payment!

THIS DOCUMENT IS NOT VALID FOR CLAIM OF INPUT TAX