

LESSEE'S INFORMATION

Statement For:	Please Pay By:	Amount Due:
JUNE 1-30, 2024	July 10, 2024	P 37,082.00

## Questions? Contac

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

Trade Name : Bohol Family Wellness Medical Clinic SOA No. : SOA0002458
Corp Name : BOHOL FAMILY WELLNESS MEDICAL CLINIC Date of Transaction : June 30, 2024
TIN : 280-160-053-002 Billing Period : JUNE 1-30, 2024

Address : 395-A CPG East Avenue, Brgy. Mansasa, Tagbilaran City

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

## **Statement of Account**

DESCRIPTION			AMOUNT		
RENT(June 2024)					
Rental					
Basic Rent			P 27,500.00		
Vat Output			3,300.00		
Creditable Witholding Tax		-1,375.00			
Sub Total			P 29,425.00	P 29,425.00	
Add:Other Charges					
Aircon			2,600.00		
Common Usage Charges			2,600.00		
Electricity					
Present	Previous	Consumed			
2,545.00	2,458.00	87.00	957.00		
Pest Control			1,500.00		
Sub Total			P 7,657.00	P 7,657.00	
<b>Total Current Amount Payable</b>		_	P 37,082.00	P 37,082.00	
<b>Total Amount Payable</b>				_	P 37,082.00

Certified:

Karen Jame Longjas

Corporate Leasing Manager

Note: Presentation of this statement is sufficient notice that the account is due. Interest of 3% will be charged for all past due accounts.

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