

Statement For:	Please Pay By:	Amount Due:
MARCH 1-31,2024	April 10, 2024	P 155,695.60

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

: SOA0001033 **Trade Name** : BOHOL DENTAL CARE SOA No.

: BOHOL DENTAL CARE CENTER **Corp Name** TIN : MARCH 1-31,2024 : 168-308-459-001 **Billing Period**

: ISLAND CITY MALL DAMPAS DIST. Address

LESSEE'S INFORMATION

Date of Transaction: March 31, 2024

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

Statement of Account

DESCRIPTION			AMOUNT		
PREVIOUS					
January 2024 February 2024			P 51,981.20 P 51,667.20		
Total Previous Amount Payable			P 103,648.40		P 103,648.40
CURRENT(March 2024)					
Rental					
Basic Rent			P 33,825.33		
Vat Output			4,059.04		
Creditable Withole	ding Tax		-1,691.27		
Sub Total			P 36,193.10	P 36,193.10	
Add:Other Charges					
Aircon Water			4,881.00		
Present	Previous	Consumed			
617.00	560.00	57.00	2,964.00		
Common Usage Charges Electricity		4,881.00			
Present	Previous	Consumed			
11,098.00	10,858.00	240.00	2,640.00		
Pest Control			488.10		
Sub Total			P 15,854.10	P 15,854.10	
Total Current Amount Payable			_	P 52,047.20	P 52,047.20
Total Amount Payable				_	P 155,695.60

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