

Statement For:	Please Pay By:	Amount Due:	
JUNE 1-30,2024	July 10, 2024	P 161,043.53	

## LESSEE'S INFORMATION

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

Trade Name: BOHOL DENTAL CARESOA No.: SOA0002407Corp Name: BOHOL DENTAL CARE CENTERDate of Transaction : June 30, 2024

TIN : 168-308-459-001 Billing Period : JUNE 1-30,2024

Address : ISLAND CITY MALL DAMPAS DIST.

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

## **Statement of Account**

DESCRIPTION			AMOUNT		
PREVIOUS					
April 2024 May 2024			P 52,749.51 P 53,998.51		
<b>Total Previous Amount Payable</b>			P 106,748.02		P 106,748.02
CURRENT(June 2024)					
Rental Basic Rent Rental Incrementation (33,825.33 x 10.00%) Vat Output Creditable Witholding Tax		P 33,825.33 3,382.53 4,464.94 -1,860.39			
Sub Total			P 39,812.41	P 39,812.41	
Add:Other Charges Aircon Water			4,881.00		
Present 742.00 Common Usage C Electricity	Previous 701.00 Charges	Consumed 41.00	2,132.00 4,881.00		
Present 11,494.00 Pest Control	Previous 11,303.00	Consumed 191.00	2,101.00 488.10		
Sub Total			P 14,483.10	P 14,483.10	
Total Current Amount Payable			_	P 54,295.51	P 54,295.51
Total Amount Payable				_	P 161,043.53

Certified:

Karen Jane 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