

LESSEE'S INFORMATION

Statement For:	Please Pay By:	Amount Due:
AUGUST 1-31,2024	September 10, 2024	P 36,966.88

Questions? Contact

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

Trade Name : Bohol Family Wellness Medical Clinic SOA No. : SOA0003508

Corp Name : BOHOL FAMILY WELLNESS MEDICAL CLINIC Date of Transaction : August 31, 2024

TIN : 280-160-053-002 Billing Period : AUGUST 1-31,2024

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

RENT(August 2024)					
Rental					
Basic Rent			P 27,500.00		
Vat Output			3,300.00		
Creditable Witho	lding 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			
2,720.00	2,631.00	89.00	979.00		
Pest Control			1,500.00		
Expanded Withholding Tax		-137.12			
Sub Total			P 7,541.88	P 7,541.88	
Total Current Amount Payable			_	P 36,966.88	P 36,966.88
Total Amount Payable					P 36,966.88

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