

LESSEE'S INFORMATION

Statement For:	Please Pay By:	Amount Due:
APRIL 1-30,2024	May 10, 2024	P 37,027.00

Questions? Contact

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

Trade Name : Bohol Family Wellness Medical Clinic SOA No. : SOA0001736

Corp Name : BOHOL FAMILY WELLNESS MEDICAL CLINIC Date of Transaction : April 30, 2024

TIN : 280-160-053-002 Billing Period : APRIL 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

Vat Output Creditable Witholding Tax	27,500.00 3,300.00 -1,375.00
Vat Output Creditable Witholding Tax	3,300.00 -1,375.00
Creditable Witholding Tax	-1,375.00
tal F	D 20 425 00
	P 29,425.00
cher Charges	
Aircon	2,600.00
Common Usage Charges	2,600.00
Electricity	
Present Previous Consumed	
2,372.00 2,290.00 82.00	902.00
Pest Control	1,500.00
tal	P 7,602.00 P 7,602.00
urrent Amount Payable	P 37,027.00 P 37,027.0

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