

LESSEE'S INFORMATION

| Statement For: | Please Pay By: | Amount Due: |
|----------------|-----------------|--------------|
| JULY 1-31,2024 | August 10, 2024 | P 215,490.04 |

Ma Lun A

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

Trade Name : BOHOL DENTAL CARE SOA No. : SOA0002897

Corp Name : BOHOL DENTAL CARE CENTER Date of Transaction : July 31, 2024
TIN : 168-308-459-001 Billing Period : JULY 1-31,2024

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 June 2024 | | P 52,749.51 P 53,998.51 P 54,295.51 | | | |
| Total Previous Amount Payable | | | P 161,043.53 | | P 161,043.53 |
| CURRENT(July 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 784.00 Common Usage C Electricity | Previous 742.00 harges | Consumed 42.00 | 2,184.00 4,881.00 | | |
| Present 11,694.00 Pest Control | Previous 11,494.00 | Consumed 200.00 | 2,200.00 488.10 | | |
| Sub Total | | P 14,634.10 | P 14,634.10 | | |
| Total Current Amount Payable | | | _ | P 54,446.51 | P 54,446.51 |
| Total Amount Payable | | | | - | P 215,490.04 |

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