

LESSEE'S INFORMATION

Statement For:	Please Pay By:	Amount Due:	
JANUARY 1-31,2024	February 10, 2024	P 37,282.00	

## Questions. Con

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

Trade Name : Bohol Family Wellness Medical Clinic SOA No. : SOA0000295
Corp Name : BOHOL FAMILY WELLNESS MEDICAL CLINIC Date of Transaction : January 31, 2024

TIN : 280-160-053-002 Billing Period : JANUARY 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**

ENT(January 2024)					
Rental					
Basic Rent Rental Incrementation (25,000.00 x 10.00%) Vat Output			P 25,000.00		
			2,500.00 3,300.00 -1,375.00		
Creditable Witholding Tax					
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			
2,122.00	2,033.00	89.00	1,157.00		
Pest Control			1,500.00		
Sub Total			P 7,857.00	P 7,857.00	
Total Current Amount Payable			P 37,282.00	P 37,282.00	
Total Amount Payable				_	P 37,282.00

Karen Jame Longyas

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