

Statement For:	Please Pay By:	Amount Due:
JULY 1-31,2024	August 10, 2024	P 192,457.00

LESSEE'S INFORMATION

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

Trade Name: St. Jude Medical ClinicSOA No.: SOA0003120Corp Name: ST. JUDE MEDICAL CLINICDate of Transaction: July 31, 2024TIN: 226-541-085-004Billing Period: JULY 1-31,2024

Address : MV Patalinghug Avenue, Pajo, Lapu-Lapu City, 6015

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

Statement of Account

DESCRIPTION		AMOUNT	
PREVIOUS			
January 2024 February 2024 March 2024 April 2024 May 2024 June 2024	P 26,872.00 P 26,844.00 P 26,701.00 P 26,789.00 P 26,855.00 P 29,209.00		
Total Previous Amount Payable	P 163,270.00		P 163,270.00
CURRENT(July 2024)			
Rental Basic Rent Rental Incrementation (22,000.00 x 10.00%) Vat Output Creditable Witholding Tax	P 22,000.00 2,200.00 2,904.00 -1,210.00		
Sub Total	P 25,894.00	P 25,894.00	
Add:Other Charges Aircon Common Usage Charges Electricity	1,500.00 1,500.00		
Present Previous Consumed 267.00 254.00 13.00 Pest Control	143.00 150.00		
Sub Total	P 3,293.00	P 3,293.00	
Total Current Amount Payable	_	P 29,187.00	P 29,187.00
Total Amount Payable		_	P 192,457.00

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