

LESSEE'S INFORMATION

| Statement For: | Please Pay By: | Amount Due: |
|-----------------|----------------|-------------|
| MARCH 1-31,2024 | April 10, 2024 | P 37,005.00 |

Questions? Contact

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

Trade Name : Bohol Family Wellness Medical Clinic SOA No. : SOA0001241
Corp Name : BOHOL FAMILY WELLNESS MEDICAL CLINIC Date of Transaction : March 31, 2024
TIN : 280-160-053-002 Billing Period : MARCH 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

| DESCRIPTION | | AMOUNT | | |
|-------------------------------------|----------|-------------|-------------|-------------|
| RENT(March 2024) | | | | |
| Rental | | | | |
| Basic Rent | | P 27,500.00 | | |
| Vat Output | | 3,300.00 | | |
| Creditable Witholding 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 | | | |
| 2,290.00 2,210.00 | 80.00 | 880.00 | | |
| Pest Control | | 1,500.00 | | |
| Sub Total | | P 7,580.00 | P 7,580.00 | |
| Total Current Amount Payable | | _ | P 37,005.00 | P 37,005.00 |
| Total Amount Payable | | | _ | P 37,005.00 |

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!

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