

LESSEE'S INFORMATION

Statement For:	Please Pay By:	Amount Due:
FEBRUARY 1-29,2024	March 10, 2024	P 37,093.00

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

: Bohol Family Wellness Medical Clinic SOA No. : SOA0000790 **Trade Name**

: BOHOL FAMILY WELLNESS MEDICAL CLINIC Date of Transaction: February 29, 2024 **Corp Name** TIN : 280-160-053-002 : FEBRUARY 1-29,2024

Billing Period

: 395-A CPG East Avenue, Brgy. Mansasa, Tagbilaran City Address

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

Statement of Account

DESCRIPTION			AMOUNT		
RENT(February 2024)					
Rental					
Basic Rent			P 25,000.00		
Rental Incrementation (25,000.00 x 10.00%)		2,500.00			
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 (Electricity	Charges		2,600.00		
Present	Previous	Consumed			
2,210.00	2,122.00	88.00	968.00		
Pest Control			1,500.00		
Sub Total			P 7,668.00	P 7,668.00	
Total Current Amount Payable		_	P 37,093.00	P 37,093.00	
Total Amount Payable					P 37,093.00

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

: SOA0000001 - SOA9999999 Series Range

Thank you for your prompt payment!

THIS DOCUMENT IS NOT VALID FOR CLAIM OF INPUT TAX