

Statement For:	Please Pay By:	Amount Due:
JANUARY 1-31,2024	February 10, 2024	P 51,981.20

## LESSEE'S INFORMATION

TIN

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

: SOA0000091 : BOHOL DENTAL CARE SOA No. **Trade Name** : BOHOL DENTAL CARE CENTER Date of Transaction: January 31, 2024 **Corp Name** : JANUARY 1-31,2024 : 168-308-459-001 **Billing Period** 

: ISLAND CITY MALL DAMPAS DIST. Address

Please make all checks payable to BPI - ISLAND CITY MALL: 9471-0019-85

## **Statement of Account**

Rental					
Basic Rent			P 33,825.33		
Vat Output Creditable Witholding Tax			4,059.04		
Creditable v	witholding Tax		-1,691.27		
Sub Total			P 36,193.10	P 36,193.10	
Add:Other Charg	ges				
Aircon Water			4,881.00		
Preser		Consumed			
490.0		65.00	3,380.00		
Common U Electricity	sage Charges		4,881.00		
Presei		Consumed			
10,54 Pest Contro	,	166.00	2,158.00 488.10		
Pest Contro	I		400.10		
Sub Total			P 15,788.10	P 15,788.10	
Total Current Amount Payable			P 51,981.20	P 51,981.20	
Total Amount Payable			_	P 51,981.20	

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