

LESSEE'S INFORMATION

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

Questions? Contact

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

Trade Name : BOHOL DENTAL CARE SOA No. : SOA0000194

Corp Name : BOHOL DENTAL CARE CENTER Date of Transaction : January 31, 2024

TIN : 168-308-459-001 Billing Period : JANUARY 1-31,2024
Address : ISLAND CITY MALL DAMPAS DIST.

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

Statement of Account

RENT(January 2024)					
Rental					
Basic Rent			P 33,825.33		
Vat Output			4,059.04		
Creditable Witholding Tax		-1,691.27			
Sub Total			P 36,193.10	P 36,193.10	
Add:Other Charges					
Aircon			4,881.00		
Water					
Present	Previous	Consumed			
490.00	425.00	65.00	3,380.00		
Common Usage C Electricity	Charges		4,881.00		
Present	Previous	Consumed			
10,548.00	10,714.00	166.00	2,158.00		
Pest Control			488.10		
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
	Certi	fied:	me Longjas		

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