

LESSEE'S INFORMATION

Statement For:	Please Pay By:	Amount Due:
JULY 1-31,2024	August 10, 2024	P 52,071.00

Questions? Contact

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

Trade Name : Bohol Family Wellness Medical Clinic SOA No. : SOA0003100

Corp Name : BOHOL FAMILY WELLNESS MEDICAL CLINIC Date of Transaction : July 31, 2024

TIN : 280-160-053-002 Billing Period : JULY 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

litional/Preoparation Charges Security Deposit Total		P 15,000.00			
			F 15,000.00		
			P 15,000.00		
RENT(July 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 Charg	ges		2,600.00		
Electricity					
	revious	Consumed	0.4.4.00		
	,545.00	86.00	946.00		
Pest Control			1,500.00		
Sub Total			P 7,646.00	P 7,646.00	
Total Current Amount Payable			_	P 37,071.00	P 37,071.00
Total Amount Payable				_	P 52,071.00

Note: Presentation of this statement is sufficient notice that the account is due. Interest of 3% will be charged for all past due accounts.

Corporate Leasing Manager

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