

LESSEE'S INFORMATION

Statement For:	Please Pay By:	Amount Due:
MAY 1-31,2024	June 10, 2024	P 37,071.00

Questions? Contact

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

Trade Name : Bohol Family Wellness Medical Clinic SOA No. : SOA0002272

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

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

ENT(May 2024)			
Rental	D 25 500 00		
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			
2,458.00 2,372.00 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

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!

THIS DOCUMENT IS NOT VALID FOR CLAIM OF INPUT TAX