

# INVOICE



**BGPO.BM**

Northshore Medical & Aesthetics Center,  
P.O. Box HM1839 Hamilton HMGX,  
Bermuda  
1(441)293-5476  
info@nmac.bm

## Billing Address

Accounts Payable  
Accountspayable@nmac.bm

,  
,

## Shipping Address

Invoice #	INV-2023-0042
Order No.	ORD-2023-0041
Date	Sep 27, 2023
Amount	\$5.00

Product	Rate	Quantity	Price
Tissue 85 sheets	\$2.50	2	\$5.00

Total	\$5
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$5.00