

# INVOICE



**BGPO.BM**

Northshore Medical & Aesthetics Center,  
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Bermuda  
1(441)293-5476  
info@nmac.bm

## Billing Address

Katherine Dale  
kdale@nmac.bm

,  
,

## Shipping Address

Invoice #	INV-2023-0055
Order No.	ORD-2023-0054
Date	Oct 10, 2023
Amount	\$30.50

Product	Rate	Quantity	Price
Tongue Depressors	\$5.50	1	\$5.50
Exam Table Paper	\$6.25	4	\$25.00

Total	\$30.5
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$30.50