

# INVOICE



**BGPO.BM**

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

## Billing Address

Sheri Burgess  
sherib@nmac.bm

,  
,

## Shipping Address

|           |               |
|-----------|---------------|
| Invoice # | INV-2024-0183 |
| Order No. | ORD-2024-0182 |
| Date      | Feb 16, 2024  |
| Amount    | \$31.60       |

| Product            | Rate    | Quantity | Price   |
|--------------------|---------|----------|---------|
| Kolor Killer Wipes | \$15.80 | 2        | \$31.60 |

|                 |         |
|-----------------|---------|
| Total           | \$31.6  |
| Shipping Charge | \$0.00  |
| Discount        | \$0     |
| Sub Total       | \$31.60 |