

# INVOICE



**BGPO.BM**

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

## Billing Address

Katherine Dale  
kdale@nmac.bm

,  
,

## Shipping Address

Invoice #	INV-2024-0189
Order No.	ORD-2024-0188
Date	Feb 28, 2024
Amount	\$7.50

Product	Rate	Quantity	Price
Tissue 85 sheets	\$2.50	3	\$7.50

Total	\$7.5
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$7.50