

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

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Shipping Address

Invoice #	INV-2024-0196
Order No.	ORD-2024-0195
Date	Mar 06, 2024
Amount	\$27.50

Product	Rate	Quantity	Price
3"x8" Sterilization Pouches	\$27.50	1	\$27.50

Total	\$27.5
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$27.50