

# INVOICE



**BGPO.BM**

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

## Billing Address

Cherrece Salmon-Shirley  
cshirley@nmac.bm  
Devionshire,  
,

## Shipping Address

Cherrece Salmon-Shirley  
cshirley@nmac.bm  
Devionshire, hm01  
, Bermuda

Invoice #	INV-2024-0205
Order No.	ORD-2024-0204
Date	Mar 11, 2024
Amount	\$12.50

Product	Rate	Quantity	Price
Exam Table Paper	\$6.25	2	\$12.50

Total	\$12.5
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$12.50