

# 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

,  
,

## Shipping Address

Invoice #	INV-2024-0208
Order No.	ORD-2024-0207
Date	Mar 14, 2024
Amount	\$25.00

Product	Rate	Quantity	Price
NMAC Envelopes	\$0.25	100	\$25.00

Total	\$25
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$25.00