

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-2024-0209
Order No.	ORD-2024-0208
Date	Mar 15, 2024
Amount	\$232.33

Product	Rate	Quantity	Price
Exam Table Paper	\$6.25	2	\$12.50
Trophon Sonex-HL 2.7fl. oz.	\$219.83	1	\$219.83

Total	\$232.33
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$232.33