

INVOICE



BGPO.BM

Northshore Medical & Aesthetics Center,
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Bermuda
1(441)293-5476
info@nmac.bm

Billing Address

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

Shipping Address

Invoice #	INV-2024-0268
Order No.	ORD-2024-0267
Date	May 09, 2024
Amount	\$15.00

Product	Rate	Quantity	Price
Cavicide Spray 24oz	\$15.00	1	\$15.00

Total	\$15
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$15.00