

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-2024-0399
Order No.	ORD-2024-0398
Date	Oct 02, 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