

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
Devonshire,
,

Shipping Address

Invoice #	INV-2025-0536
Order No.	ORD-2025-0535
Date	Mar 28, 2025
Amount	\$26.40

Product	Rate	Quantity	Price
Exam Table Paper	\$6.60	4	\$26.40

Total	\$26.4
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$26.40