

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

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,

Shipping Address

| | |
|-----------|---------------|
| Invoice # | INV-2025-0579 |
| Order No. | ORD-2025-0577 |
| Date | Apr 15, 2025 |
| Amount | \$17.97 |

| Product | Rate | Quantity | Price |
|---------------------------------|--------|----------|--------|
| Pens pack of 10 | \$2.10 | 2 | \$4.20 |
| NMAC Envelopes | \$0.25 | 23 | \$5.75 |
| Lysol Spray Morn Breeze 12.5 oz | \$8.02 | 1 | \$8.02 |

| | |
|-----------------|---------|
| Total | \$17.97 |
| Shipping Charge | \$0.00 |
| Discount | \$0 |
| Sub Total | \$17.97 |