

INVOICE (BACK ORDER)



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
Devionshire,
,

Shipping Address

Invoice #	INV-2025-0713
Order No.	ORD-2025-0712
Date	Jun 18, 2025
Amount	\$15.25

Product	Rate	Quantity	Price
Tissue 85 sheets	\$2.50	1	\$2.50
Febreze Air Mist Assorted (Each)	\$12.75	1	\$12.75

Total	\$15.25
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$15.25