

INVOICE



BGPO.BM

Northshore Medical & Aesthetics Center,
P.O. Box HM1839 Hamilton HMGX,
Bermuda
1(441)293-5476
info@nmac.bm

Billing Address

Cherrece Solomon-Shirley
Cherrece@nmac.bm
Devionshire,
,

Shipping Address

Invoice #	INV-2025-0871
Order No.	ORD-2025-0870
Date	Oct 08, 2025
Amount	\$43.94

Product	Rate	Quantity	Price
Exam Table Paper - (Case 12ct)	\$6.60	4	\$26.40
Tissue 85 sheets	\$1.70	2	\$3.40
Caviwipes XL 9 x 12 65 Pack (12per case)	\$14.10	1	\$14.10

Total	\$43.9
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$43.94