

INVOICE



BGPO.BM

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

Billing Address

NMAC Medical
admin@example.com

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,

Shipping Address

Invoice #	INV-2025-0970
Order No.	ORD-2025-0969
Date	Dec 10, 2025
Amount	\$18.59

Product	Rate	Quantity	Price
Credit Card Rolls	\$1.00	5	\$5.00
Tissue 85 sheets	\$1.70	2	\$3.40
Lysol Spray Morn Breeze 12.5 oz	\$9.92	1	\$9.92
NMAC Envelopes (25ct)	\$0.25	1	\$0.25

Total	\$18.57
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$18.59