

**CUSTOMER INVOICE****SYPHER ACADEMY**

UNLOCK YOUR POTENTIAL

**Invoice No: SA-T-MAT-109****BILL TO**

**Parent Name:** Test  
**Student Name:** Test  
**Student ID:** 2025-09-A109  
**Phone:** (601) 291-8749  
**Email:** test@gmail.com

**SESSION DETAILS**

**Start Date:** 10/4/2025  
**Total Sessions:** 10  
**Registration Fee:** \$25  
**Class Type:** 1 on 1  
**Notes:** Test

**TUTORING SERVICES**

Subject	Sessions (hrs)	Rate Per Session	Total Amount Due (\$)
Mathematics	10	\$22.00	\$220.00*
GENERAL SUBJECTS	10	\$25.00	\$250.00*

**PAYMENT INSTRUCTIONS**

Make Check Payable to  
**Sypher Academy LLC**

*Payment is due within 15 days of invoice date. \* includes registration fee*

Contact Sypher Academy LLC regarding questions or clarifications

**Email Address:** admin@sypheracademy.com

**Website:** [www.sypheracademy.com](http://www.sypheracademy.com)