

## CUSTOMER INVOICE



# Invoice No: SA-T-MAT-149

### BILL TO

**Parent Name:** TestoneParent

**Student Name:** TestoneStudent

**Student ID:** 2025-09-A149

**Phone:** N/A

**Email:** N/A

**Registration Fee:** \$25

### TUTORING SERVICES

Category	Subject	Class Type	Sessions (hrs)	Rate/Session	Total Amount (\$)
Grade-2	Mathematics	1 on 1	10	\$25.00	\$250.00*
Grade-3	Mathematics	1 on 1	10	\$25.00	\$250.00*

### PAYMENT INSTRUCTIONS

Make Check Payable to

**Sypher Academy LLC**

OR

Zelle (*input this email address in place of phone number,*  
*admin@sypheracademy.com*)



**Payment due within 3 days of invoice date or prior to start date.**

**\* registration fee incl.**

Contact Sypher Academy LLC regarding questions or clarifications

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

**Website:** www.sypheracademy.com