

CUSTOMER INVOICE



Invoice No: SA-T-MAT-119

BILL TO

Parent Name: Testparent1
Student Name: Teststudent1
Student ID: 2025-09-A119
Phone: 9198524461
Email: Testparent1@gmail.com

SESSION DETAILS

Start Date: 10/15/2025
Total Sessions: 35
Registration Fee: \$25
Class Type: 1 on 1
Notes: Grade 4 math

TUTORING SERVICES

Subject	Sessions (hrs)	Rate Per Session	Total Amount Due (\$)
Mathematics	35	\$25.00	\$875.00*

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