

CUSTOMER INVOICE**SYPHER ACADEMY**

UNLOCK YOUR POTENTIAL

Invoice No: SA-T-MAT-111**BILL TO**

Parent Name: Testparent1
Student Name: Teststudent1
Student ID: 2025-09-A111
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

*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