

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