

CUSTOMER INVOICE



Invoice No: SA-T-ENG-142

| BILL TO | SESSION DETAILS |
|--------------------------|--------------------------|
| Parent Name: Today | Start Date: 10/8/2025 |
| Student Name: Today | Total Sessions: 70 |
| Student ID: 2025-09-A142 | Registration Fee: \$0 |
| Phone: 7601019372 | Class Type: Group 2 to 4 |
| Email: today@gmail.com | |

TUTORING SERVICES

| Subject | Category | Class Type | Sessions (hrs) | Rate/Session | Total Amount (\$) |
|-----------------------|----------|--------------|----------------|--------------|-------------------|
| English Language Arts | N/A | Group 2 to 4 | 70 | \$24.00 | \$1680.00 |

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