

CUSTOMER INVOICE



Invoice No: SA-T-ENG-124

BILL TO		SESSION DETAILS	
Parent Name:	Test	Start Date:	10/7/2025
Student Name:	Test	Total Sessions:	20
Student ID:	2025-09-A124	Registration Fee:	\$25
Phone:	(601) 291-8749	Class Type:	1 on 1
Email:	test@gmail.com	Notes:	Test

TUTORING SERVICES

Subject	Grade	Class Type	Sessions (hrs)	Rate/Session	Total Amount (\$)
English Language Arts	N/A	1 on 1	10	\$28.00	\$280.00*
Science	N/A	Group 2 to 4	10	\$24.00	\$240.00*

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