

## CUSTOMER INVOICE



# Invoice No: SA-T-MAT-115

### BILL TO

**Parent Name:** Test  
**Student Name:** Test  
**Student ID:** 2025-09-A115  
**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**

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