

CUSTOMER INVOICE

SYIPHER ACADEMY

UNLOCK YOUR POTENTIAL

Invoice No: SA-T-SCI-104

BILL TO

Parent Name: Test
Student Name: Test
Student ID: 2025-09-A104
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 (\$)
Science	10	\$28.00	\$280.00*

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