

CUSTOMER INVOICE



Invoice No: SA-S-MAT-164

BILL TO

| Parent Name | Student Name | Student ID | Phone | Email | Registration Fee |
|-------------|--------------|--------------|------------|----------------------|------------------|
| Rajesh Basa | Shriya Basa | 2025-09-A164 | 4256287122 | rajeshbasa@gmail.com | \$25 |

TUTORING SERVICES

| Category | Subject | Class Type | Sessions (hrs) | Rate/Session | Total Amount (\$) |
|----------|-------------|------------|----------------|--------------|-------------------|
| Grade-8 | Mathematics | 1 on 1 | 35 | \$22.00 | \$770.00* |

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