

**CUSTOMER INVOICE****SYPHER ACADEMY**

UNLOCK YOUR POTENTIAL

**Invoice No: SA-T-MAT-112****BILL TO**

**Parent Name:** Testparent1  
**Student Name:** Teststudent1  
**Student ID:** 2025-09-A112  
**Phone:** 9198524461  
**Email:** Testparent1@gmail.com

**SESSION DETAILS**

**Start Date:** 10/15/2025  
**Total Sessions:** 35  
**Registration Fee:** \$25  
**Class Type:** 1 on 1  
**Notes:** Grade 4 math

**TUTORING SERVICES**

Subject	Sessions (hrs)	Rate Per Session	Total Amount Due (\$)
Mathematics	35	\$25.00	\$875.00*

**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](http://www.sypheracademy.com)