

## CUSTOMER INVOICE



# Invoice No: SA-T-MAT-123

BILL TO	SESSION DETAILS
Parent Name: Test	Start Date: 10/8/2025
Student Name: Test	Total Sessions: 10
Student ID: 2025-09-A123	Registration Fee: \$25
Phone: (601) 291-8749	Class Type: Group 2 to 4
Email: test@gmail.com	Notes: Test

## TUTORING SERVICES

Subject	Grade	Class Type	Sessions (hrs)	Rate/Session	Total Amount (\$)
Mathematics	N/A	Group 2 to 4	10	\$15.00	\$150.00*

## 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