

CUSTOMER INVOICE



Invoice No: SA-T-MAT-145

BILL TO	SESSION DETAILS
Parent Name: TestoneParent	Start Date: 10/9/2025
Student Name: TestoneStudent	Total Sessions: 20
Student ID: 2025-09-A145	Registration Fee: \$25
Phone: N/A	Class Type: 1 on 1
Email: N/A	

TUTORING SERVICES

Subject	Category	Class Type	Sessions (hrs)	Rate/Session	Total Amount (\$)
Mathematics	N/A	1 on 1	10	\$25.00	\$250.00*
Mathematics	N/A	1 on 1	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