

## CUSTOMER INVOICE



# Invoice No: SA-T-ENG-127

BILL TO	SESSION DETAILS
Parent Name: Test	Start Date: 10/7/2025
Student Name: Test	Total Sessions: 10
Student ID: 2025-09-A127	Registration Fee: \$25
Phone: (601) 291-8749	Class Type: 1 on 1
Email: test@gmail.com	Notes: Test

## TUTORING SERVICES

Subject	Category	Class Type	Sessions (hrs)	Rate/Session	Total Amount (\$)
English Language Arts	N/A	1 on 1	10	\$28.00	\$280.00*

## 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