

## CUSTOMER INVOICE



# Invoice No: SA-T-SCI-167

### BILL TO

| Parent Name   | Student Name   | Student ID   | Phone | Email | Registration Fee |
|---------------|----------------|--------------|-------|-------|------------------|
| TestoneParent | TestoneStudent | 2025-09-A167 | N/A   | N/A   | \$25             |

### TUTORING SERVICES

| Category | Subject     | Start Date | Class Type | Sessions (hrs) | Rate/Session | Total Amount (\$) |
|----------|-------------|------------|------------|----------------|--------------|-------------------|
| Grade-2  | Science     | 10/24/2025 | 1 on 1     | 35             | \$25.00      | \$875.00*         |
| Grade-3  | Mathematics | 10/31/2025 | 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