

CUSTOMER INVOICE



Invoice No: SA-T-MAT-117

BILL TO

Parent Name: Test
Student Name: Test
Student ID: 2025-09-A117
Phone: (601) 291-8749
Email: test@gmail.com

SESSION DETAILS

Start Date: 10/4/2025
Total Sessions: 10
Registration Fee: \$25
Class Type: 1 on 1
Notes: Test

TUTORING SERVICES

Subject	Sessions (hrs)	Rate Per Session	Total Amount Due (\$)
Mathematics	10	\$22.00	\$220.00*
GENERAL SUBJECTS	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