

CUSTOMER INVOICE



Invoice No: SA-T-MAT-153

BILL TO

Parent Name: TestoneParent

Student Name: TestoneStudent

Student ID: 2025-09-A153

Phone: N/A

Email: N/A

Registration Fee: \$25

TUTORING SERVICES

Category	Subject	Class Type	Sessions (hrs)	Rate/Session	Total Amount (\$)
Grade-2	Mathematics	1 on 1	10	\$25.00	\$250.00*
Grade-3	Mathematics	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