

CUSTOMER INVOICE



Invoice No: SA-T-MAT-122

BILL TO

Parent Name: Test
Student Name: Test
Student ID: 2025-09-A122
Phone: (601) 291-8749
Email: test@gmail.com

SESSION DETAILS

Start Date: 10/8/2025
Total Sessions: 10
Registration Fee: \$25
Class Type: Group 2 to 4
Notes: Test

TUTORING SERVICES

Subject	Sessions (hrs)	Rate Per Session	Total Amount Due (\$)
Mathematics	10	\$15.00	\$150.00*

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