

**OTCPBC PAYMENT INVOICE**  
Request payment for classes completed

Instructor's request for payment

Assistant's request for payment

**Instructor:**

Name:

Email:

Phone#:

**Assistant:**

Name:

Email:

Phone#:

Obedience  
Competition

Puppy/  
Basic/Intermediate

CGC

Therapy

Rally

Specialty

Agility

Agility/  
Master

Tracking

Scent Work

Other

Class Title:

Code:

#Weeks

#Dogs

Start Date:

End Date:

Notes:

Instructor Signature:

Assistant Signature:

.....  
**Club Use Only**

**Training Director Approval:**

**Instructor Amount Paid:**

**Check#**

**Date:**

**Assistant Amount Paid:**

**Check#**

**Date:**