

# OTCPBC PAYMENT INVOICE

Request payment or credit for classes completed

Instructor's request:

Assistant's request

for payment OR list Vol Hours

for payment OR list Vol Hours

**Instructor:**

Name:

Address:

Email:

Phone#:

**Assistant:**

Name:

Address:

Email:

Phone#  
:

Obedience  
Competition

Puppy

CGC

Therapy

Rally

Specialty

Agility

Basic /  
Intermediate

Tracking

Scent Work

Other

Class Title:

Code:

#Weeks

#Dogs

Start Date:

End Date:

List Volunteer Hours above

Notes:

Instructor Signature:

Assistant Signature:

.....

## Club Use Only

Training Director Approval:

Instructor Amount Paid:

Check#

Date:

Assistant Amount Paid:

Check#

Date: