



# CENTER GROVE TROJAN BAND BOOSTERS

P.O. BOX 1161 GREENWOOD, INDIANA 46142  
WWW.CENTERGROVEBANDS.COM

## INSTRUCTOR PAY REQUEST

Date	_____	Amount	_____
Your name	_____		
Social Security #	_____	Phone Number	_____
<u>Has your address changed?</u> Y / N			
Address	_____		
City, St, Zip	_____		

**Special Mailing Instructions:**

\_\_\_\_\_

\_\_\_\_\_

Instruction provided for:      **GUARD**      **PERCUSSION**      **WINDS**

**On the following dates:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested by	_____	Date	_____
Approved by	_____	Date	_____
Approved by	_____	Date	_____

**For Accounting Only:**

Check #	_____	Date Issued	_____
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**Budget Line Item**

\_\_\_\_\_