

**PRODUCTION REPORT
PAY SESSION FEE**

**COMPLETION REPORT
FINAL CAST**

ADVERTISER/CLIENT				DATE					
PRODUCT				P.O. NO.					
COMMERCIAL ID NO.				LENGTH		LIFT VERSION NO.		LENGTH	
TITLE						AFM CONTRACT(S)		TRK/ID/LGTH	
FILM DATE		FILM STUDIO			FILM CITY				
RECORD DATE		RECORD STUDIO			RECORD CITY				

SAG AFTRA AFM OTHER _____ TV RADIO INDUSTRIAL CABLE NON-AIR DEMO

IMPORTANT REMINDER
 COMPLETE AND LEGIBLE W-4 FORMS MUST BE ATTACHED FOR ALL ORIGINAL SESSION PAYMENTS.
 PAYMENTS WILL NOT AND CANNOT BE MADE WITHOUT THIS FORM IF ORIGINAL PAYMENT. ATTACH COPY OF PERFORMER CONTRACTS.
 IF PERFORMER WORKED IN STATE OTHER THAN SHOWN ABOVE, INDICATE STATE WHERE SERVICE WAS PERFORMED.

LINE	PERFORMER'S NAME	OVER-SCALE %	CATE-GORY	CAMERA		DOUBLING			NO. OF Dbl's	O-C-D	A-D-I	M-I-N-O-R	MINOR	AGENT NAME - SPECIAL COMMENTS
				ON	OFF	M	S							

IF PRODUCTION REPORT, COMPLETE BELOW

LINE	DATES	WORKTIME		MEALS		MAKEUP/FITTING		TRAVEL TO LOC.		TRAVEL FROM LOC.	
		FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

SPECIAL COMMENTS _____

_____ AGENCY NAME _____

_____ AUTHORIZED SIGNATURE _____

COMPENSATION AND/OR SESSION FEE _____