



AMERICAN FEDERATION OF MUSICIANS REPORT FORM
TELEVISION AND RADIO COMMERCIAL ANNOUNCEMENTS



RP No.

Blank box for RP No.

DATE:
ADVERTISER:
PRODUCT:
ADVERTISING AGENCY:
AGENCY REP:
AGENCY ADDRESS:
AGENCY REP. PHONE:

ORIGINAL SESSION AFM Local No:
Recording Date: No. of Musicians
Recording Studio:
City: State:
Hours of Employment
Music Production Co Name:
RE-USE, DUBBING, NEW USE OR OTHER
Orig. Report Form No: Orig. Recording Date:

(a) LOWEST No. OF REPORTED HRS. WK'D:
(b) No. OF ANNOUNCEMENTS CLAIMED:
One announcement may be claimed for every 20 min reported in (a) above, subject to max of 8 announcements for synthesizer-only sessions.
IDENTIFICATION Titles & Code Nos. (Include track length for original sessions only.) When identification changes, give prior and new.
Original (or Prior) ID TRK LGTH New Identification
A.
B.
C.
D.
E.
F.
G.
First Air Date: Cycle Dates Being Paid:

Check 1 and ONLY 1 from each of these 3 columns
PYMT TYPE MEDIUM RATES
Original Session TV National
Initial Use Radio (13 wks) Foreign
Re-Use Radio (8 wks) Regional (Nat'l Adv.)
New Use Non-Broadcast Regional (Reg. Adv.)
Dubbing Videocassette Local (Nat'l Adv.)
Dubbing (Longer/ Other Local (Local Adv.)
Shorter Version)
Other
Indicate region or local area in MEMO box.

Additional Info Check Here If:
Short Term Use Commercial made for Cable only
Info Changes PSA status confirmed by AFM
Mech. Edt Session performed solely on synthesizer
Sideline Session Late Penalties included
Other

PAYMENTS NOT MADE ON A TIMELY BASIS ARE SUBJECT TO THE LATE PAYMENTS PROVISION OF THE AFM TELEVISION AND RADIO COMMERCIAL ANNOUNCEMENTS AGREEMENT.

MEMO

SIGNATORY OF RECORD

FOR SESSION PAYMENTS (e.g. Music Prod. Co., Agency) Address:
Pension Contributions To Be Paid By (if different):
FOR ALL OTHER PAYMENTS (e.g. Agency) Address:
Pension Contributions To Be Paid By (if different):

The terms and conditions of the engagement covered by this Report Form include the terms and conditions of the AFM Commercial Announcements Agreement in effect at the time of such engagement.

Signatory of Record's Signature: Leader's Signature:
Print Name of Signer: Phone: Leader's Phone:

Table with columns: Local Union No., EMPLOYEE'S NAME (LAST, FIRST, INIT., Instrument(s)), SOCIAL SECURITY NUMBER, HRS. WK'D, NO. OF DBL PER SESS, SPOT ID by letter above, WAGES (CARTAGE), PENSION, H&W where applicable. Includes rows for (LDR), (ARR), (ORC), (COPY).

continue on next page for additional lines

(1) Insert X if wages paid are overscale. Include all music prep. Information on this form or a continuation sheet with copies of invoices attached.

FOR FUND USE ONLY:

