

PRODUCTION REPORT

 Pay Session Fee Final Cast

▶ For all original session payments, attach complete, legible, signed W-4 Forms, I-9s, and copies of performer contracts with timesheets.

CLIENT #		AD AGENCY		DATE		PO NO.	
SPONSOR		PRODUCT		ESTIMATE NO.		JOB NO.	
COMMERCIAL ID NO.	LENGTH	1 ST ALLOW	LENGTH	2 ND ALLOW	LENGTH		
TITLE				AFM CONTRACT NUMBER(S)			
FILM DATE		FILM STUDIO		FILM CITY		FILM ST	
RECORD DATE		RECORD STUDIO		RECORD CITY		RECORD ST	
UNION <input type="checkbox"/> SAG <input type="checkbox"/> AFTRA <input type="checkbox"/> ACTRA <input type="checkbox"/> AFM <input type="checkbox"/> Other:				USE <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Cable <input type="checkbox"/> Internet <input type="checkbox"/> New Media <input type="checkbox"/> Industrial 1 <input type="checkbox"/> Industrial 2 <input type="checkbox"/> Other:			

LINE	PERFORMER NAME	CATE-GORY	CAMERA		ETH*	VERSION			AGENT NAME / COMMENTS
			ON	OFF		BASE	1ST	2ND	
1			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*ETH (Ethnicity) Code: AP = Asian/Pacific Islander ■ B = Black/African American ■ C = Caucasian ■ LH = Latino/Hispanic
 NA = Native American/Alaskan Native ■ TM = Two or More ■ D = Performer with Disability

NOTES:**SUBMITTED BY:**

SIGNATURE		NAME		TITLE	
DATE	PHONE	EMAIL ADDRESS			