

PAY SESSION FEE FINAL CAST

IMPORTANT: For all original session payments, attach complete, legible, signed W-4 Forms, 1-9s, and copies of performer contracts with timesheets.

| | | | | | | | |
|----------------------|--------|-----------------------|--------|-----------------------|--------|------------|--|
| SPONSOR | | PRODUCT | | ESTIMATE NUMBER | | JOB NUMBER | |
| COMMERCIAL ID NUMBER | LENGTH | 1 ST ALLOW | LENGTH | 2 ND ALLOW | LENGTH | | |
| TITLE | | | | AFM CONTRACT NUMBERS | | | |
| FILM DATE | | FILM STUDIO | | FILM CITY | | FILM ST | |
| RECORD DATE | | RECORD STUDIO | | RECORD CITY | | RECORD ST | |

| | | | | | | | | | |
|------------------------------|--------------------------------|--------------------------------|------------------------------|---------------------------------|-------------------------------------|--------------------------------|---|--|--------------------------------|
| UNION | | | | COMMERCIAL USE | | | | | |
| <input type="checkbox"/> SAG | <input type="checkbox"/> AFTRA | <input type="checkbox"/> ACTRA | <input type="checkbox"/> AFM | <input type="checkbox"/> Other: | <input type="checkbox"/> Television | <input type="checkbox"/> Radio | <input type="checkbox"/> Industrial (I) | <input type="checkbox"/> Industrial (II) | <input type="checkbox"/> Cable |

| LINE | PERFORMER NAME | CATE-GORY | CAMERA | | ETH* | DOUBLING | | | VERSION | | | AGENT NAME / COMMENTS |
|------|----------------|-----------|--------------------------|--------------------------|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|
| | | | ON | OFF | | M | S | No | Base | 1 st | 2 nd | |
| 1 | | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19 | | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20 | | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

*Ethnicity Key: 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/COMMENTS:**SUBMITTED BY:**

| | | |
|------------------------------|--|----------------|
| _____ Signature | | _____ Date |
| _____ Name (please print) | | _____ Title |
| _____ Email | | _____ Phone |