

PAYROLL SUBMISSION FORM

Please submit this form with EACH job.

Print
Producer: _____ Photographer: _____

Job/Product
Name: _____ Job Number: _____

Company or
Ad Agency: _____ Shoot Dates: _____

States
Worked: _____ Cities
Worked: _____

Date Submitted: _____ Total Number of Time Cards: _____

PERSON TO CONTACT WITH ANY QUESTIONS: _____

E-Mail: _____ Alternate E-Mail: _____

Tel: _____ Fax or Alternate Tel: _____

Notes, Comments or Special Instructions (if any):

Our goal is to provide you with accurate and on-time payroll. To comply with applicable payroll due dates, Client is responsible for submitting accurate and complete payroll paperwork to TTC within 24 hours of wrap. Client is responsible for any penalties, fines, late fees, etc., due to inaccurate or incomplete paperwork, or paperwork that is submitted late. Thank you for the opportunity to be of service! The Team Companies.