Cast & Crew

Bi-weekly Timecard

Project title: _____ CTGY: _____ Union: _____ Week Ending: _____

Name: _____ SIN: _____ Rate ($): _____ Work Province: _____

Corp. Name: _____ GST / HST #:_____

☐ Hourly ☐ Flat Daily ☐ Weekly

Day	Date	Travel Start	Call	Meal 1 Out	Meal 1 In	Meal Out	Meal 2 Out	Wrap	Travel Home	Total Hours	Time					MP		TA	ACCT	EPSD	LOC	SET	FF	INS
											1x	1.5x	2x	3x	NDB	AM	PM							
Sun																								
Mon																								
Tues																								
Wed																								
Thurs																								
Fri																								
Sat																								
								Totals																
								Eq. Hours																

Total Hours _____

Week Total $ _____

Day	Date	Travel Start	Call	Meal 1 Out	Meal 1 In	Meal Out	Meal 2 Out	Wrap	Travel Home	Total Hours	Time					MP		TA	ACCT	EPSD	LOC	SET	FF	INS
											1x	1.5x	2x	3x	NDB	AM	PM							
Sun																								
Mon																								
Tues																								
Wed																								
Thurs																								
Fri																								
Sat																								
								Totals																
								Eq. Hours																

Total Hours _____

Week Total $ _____

Overall Total $

Approved by:

Dept. Head: _____ **Prod. Mgr.:** _____ **Employee Signature**: _____

Accounting Only:

Acct	EPSD	LOC	SET	FF	INS	Units	Description	Rate	Totals
							Regular		
							OT 1.5X		
							OT 2X		
							OT 2.5X		
							OT 3X		
							STAT HOL		
							TA		
							MP		

Other Payment

Item	Amount	Acct	EPSD	FF	INS
Kit					
Car					
Cell					
Mileage					
Per Diem					
WFH Allow					
Stipend					

Communications

4259 Canada Way Suite 250
Burnaby, British Columbia
Canada V5G 1H1

555 Richmond St. W. #1011, Box 305
Toronto, Ontario
Canada, MSV 3B1