

PRODUCTION REPORT

 Pay Session Fee Final Cast
0 For all original session payments, attach complete, legible, signed W-4 Forms, and copies of performer contracts with timesheets.

DATE	CLIENT #	PO #	ESTIMATE #	JOB #	AFM CONTRACT NUMBER(S)
AD AGENCY			ADVERTISER		
PRODUCT/BRAND			SUB-PRODUCT/BRAND		
BASE ID NO.	TITLE (BASE)	LENGTH	1ST ALLOW	TITLE (1ST)	LENGTH
2ND ALLOW	TITLE (2ND)	LENGTH	3RD ALLOW	TITLE (3RD)	LENGTH
FILM DATE	FILM STUDIO	FILM CITY	FILM STATE	STOCK PHOTO/VIDEO/MUSIC INFO (OPTIONAL)	
RECORD DATE	RECORD STUDIO	RECORD CITY	RECORD STATE		

UNION	<input type="checkbox"/> SAG-AFTRA <input type="checkbox"/> AFM <input type="checkbox"/> Non-Union	TYPE	Comm'l: <input type="checkbox"/> TV <input type="checkbox"/> Radio Made for: <input type="checkbox"/> Internet <input type="checkbox"/> New Media
	<input type="checkbox"/> Other:		ACS: <input type="checkbox"/> Plus <input type="checkbox"/> Digital <input type="checkbox"/> Flex Corp-Edu: <input type="checkbox"/> Cat 1 <input type="checkbox"/> Cat 2 <input type="checkbox"/> Other:

LINE	PERFORMER NAME	CATE-GORY	CAMERA		VERSION				AGENT NAME / COMMENTS
			ON	OFF	BASE	1ST	2ND	3RD	
1			<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"/>	
3			<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"/>	
5			<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"/>	
7			<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"/>	
9			<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"/>	
11			<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"/>	
13			<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"/>	
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NOTES:**SUBMITTED BY:**

SIGNATURE		NAME		TITLE
DATE	PHONE	EMAIL ADDRESS		