

PICTURE	PROD #	GUAR. HOURS	RATE	WEEK ENDING
NAME	SOCIAL SECURITY #	JOB CLASSIFICATION/OCC. CODE		ACCOUNT #
LOAN OUT	FEDERAL I.D. #	LOCATION		

WORK		MEAL 1		MEAL 2		RE-RATE	OCC. CODE	TOTAL HRS.	1X	1.5X	2X	MEAL PNLTY	ACCT	RATE	TYPE	HRS	TOTAL
STATE	CITY	ACCT. CODE	DATE	LOC	DAY												
					1ST										1X		
					2ND										1.5X		
					3RD										2X		
					4TH												
					5TH												
					6TH												
					7TH												
TOTAL HOURS															MP		

COMMENTS:

TOTAL AMOUNT

ACCT.#	MEALS-ALLOW. 861	MEALS-TAX 860	PER DIEM ADV. D18	ACCT.#	LODGING-ALLOW. 861	LODGING-TAX 860	PER DIEM ADV. D18	ACCT.#	MEAL MONEY-TAX 867	
ACCT.#	BOX RENTAL 863	ACCT.#	CAR ALLOW. 866	ACCT.#	MILEAGE-ALLOW. 862	MILEAGE-TAX. 868	MILEAGE ADV. D20	ACCT.#	2ND CAMERA 680	
*** CANADIAN SHOWS - PLEASE SUPPLY ALLOWABLE AND TAXABLE CN PER DIEM IN U.S. \$ AND CONV. RATE				PER DIEM BASED ON: _____ DAYS @ _____ US \$ PER DAY			CN DIEM-ALLOW.	CN DIEM-TAX.	ACCT.#	SALARY ADVANCE D21
ACCT.#	HAZARD 863	ACCT.#		ACCT.#		ACCT.#		ACCT.#		

PRODUCER AND EMPLOYEE ACKNOWLEDGE BY SIGNING THIS CARD THAT IF NO HOURS ARE RECORDED, EP WILL PRESUME THAT ONLY THE GUARANTEED HOURS WERE WORKED.

EMPLOYEE SIGNATURE X _____

APPROVED X _____