



AMERICAN FEDERATION OF MUSICIANS REPORT FORM

RPNo. _____

For All Motion Pictures-Theatrical & Television Film (Standard, Non-Standard & Basic Cable), Industrial (Non-Theatrical-Non-TV), Miscellaneous, Low Budget Films

Date: _____
Title of Picture/Program and/or Prod. No.: _____
Title of Episode: _____
Episode No.: _____
Length of Program: _____
Producer: _____
Producer's Address: _____
AFM Project No.: _____

ORIGINAL SESSION AFM Local No.: _____
Recording Date: _____ No. of Musicians: _____
Recording Studio: _____
City: _____ State: _____
Hours of Employment: _____
Total Session Hrs.: _____

RE-USE, DUBBING, NEW USE OR OTHER
Original Report Form No.: _____
Original Recording Date: _____

ADDITIONAL INFO
Check each category that applies.
Network Non-Dramatic
Syndicated Mini-Series
Prime Time Animated Film
Non-Prime Time Late Penalty Incl.
Dramatic _____

Check 1 and only 1 from each of these two columns.
Payment Type Medium
Original Session Theatrical Motion Picture
Sideline Only Television Film
Sideline w/Audio Non-Standard TV (Pay Cable) Film
Excerpt Use Basic Cable TV Film
New-Use Phono Industrial
New-Use Other (Non-Theatrical-Non-TV)
Emergency Track Low Budget Theatrical Film
Unused Recording Hrs. Low Budget TV Film
Trailer Direct To Cassette
Other Other

MEMO

SIGNATORY OF RECORD: _____

Address: _____ Phone: _____

Pension Contributions To Be Paid By (if different): _____

Address: _____ Phone: _____

Conditions of Employment shall be in accordance with the provisions contained in the Wage Scales, Hours of Employment and Working Conditions in the basic collective bargaining agreements executed between the A.F. of M. and the Signatory.

Representative of Employee's Signature: _____

Table with columns: LOCAL UNION NO., EMPLOYEE'S NAME, HOME ADDRESS, SOCIAL SECURITY NUMBER, HRS. GUAR., HRS. WK'D, WAGES (1), DBL, PENSION, H&W WHERE APPLICABLE. Includes summary rows for TOTAL PENSION CONTRIBUTIONS and TOTAL H & W CONTRIBUTIONS.

(1) Insert overscale wages being paid.
Include all music prep. information on this form or continuation sheet, with copies of invoices attached.
FOR FUND USE ONLY:

AMERICAN FEDERATION OF MUSICIANS REPORT FORM
Motion Pictures-Theatrical & Television Film (Standard, Non-Standard & Basic Cable), Industrial (Non-Theatrical-Non-TV), Miscellaneous, Low Budget Films
Continuation Sheet RP No. _____

Title of Picture: _____

Signator: _____

Leader: _____

LOCAL UNION NO. ----- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card)			HOME ADDRESS (Give Street, City and State)	SOCIAL SECURITY NUMBER	HRS. GUAR.	HRS. WK'D	WAGES (1)		PENSION	H&W WHERE APPLICABLE
	LAST	FIRST	INITIAL (Instrument(s)) (LDR)					DBL	CARTAGE		
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TOTAL PENSION CONTRIBUTIONS	
TOTAL H & W CONTRIBUTIONS	