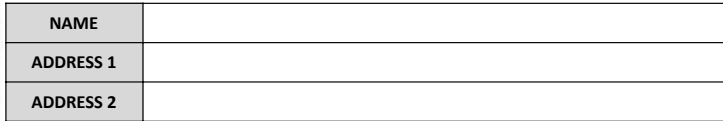


INVOICE NUMBER



DATE FILED	
LOCAL CARD NUMBER	
S.S. NUMBER	

WORK DUES	
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ARR/ORCH		COPYIST		OTHER	
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EMPLOYER	
ADDRESS 1	
ADDRESS 2	
ADDRESS 3	

RATES APPLIED	
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PRODUCTION	
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LABOR	
MATERIALS & REPROS	
<b>PAY THIS AMOUNT</b>	
<b>PENSION</b>	
LOCAL 802 HBP (Daily)	
802 HBP (3% Diversion)	
<b>AL HBP CONTRIBUTION</b>	

DATE WORK DONE	TITLE/DESCRIPTION	HOURS, PAGES	UNIT PRICE	SUBTOTAL	TOTAL
	VACATION PAY (BROADWAY & FILMS ONLY)				

TOTAL DUE	
-----------	--

3% Broadway	
HBP Contribution	

Pension Rate	
Pension Total	

**BOTH NAMES MUST APPEAR**

Arranger/Orchestrator	Copyist
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ACCEPTED BY EMPLOYER

CHECK ONE:	EMPLOYER	LOCAL 802 HBP	AFM/EPF PENSION	MEMBER COPY	MUSIC PREP DEPT.
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