NON UNION COMMERCIAL PAYROLL TIME CARD

PLEASE COMPLETE W-4 REVERSE SIDE

YEAR	STATE WORKED	CITY WORKED

PREP	
SHOOT	
WRAP	
TOTAL GROSS	

PRODUCTION COMPANY:	OCCUPATION:	
EMPLOYEE NAME:	SOCIAL SECURITY NO.:	
LOANOUT CO.:	F/S/O:	FED. I.D.

MEAL ALLOW.	MEALS TXBL.	AICP ACCT. #	LODGING ALLOW.	LODGING TXBL.	AICP ACCT. #	MILEAGE ALLOW.	MILEAGE TXBL.	AICP ACCT. #

DATE	JOB NAME/NO.	TIME IN	1ST MEAL 2ND MEAL	TIME OUT	AICP CODE	HOURLY RATE	STR	1.5				MEAL PEN	KIT RENTALS	CHECK ONE P	S	W	COMMENTS
SUN																	
MON																	
TUE																	
WED																	
THU																	
FRI																	
SAT																	
TOTALS																	

When applicable, total hours may include hours recognized as work time. Employees will hold themselves in readiness to serve the producer during such times.
By signing, you certify that the record of time worked is correct.

Signature _____

Phone Number _____

_____
Production Company Approval

CLIENT