AMERICAN FEDERATION OF MUSICIANS REPORT FORM

RP No.

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.: _____
Assumption Agreement on File (indicate parties & dates in memo box) ___

ADDITIONAL INFO

Check each category that applies.

Network	Non-Dramatic
___ Syndicated	___ Mini-Series
___ Prime Time	___ Animated Film
___ Non-Prime Time	___ Late Penalty Incl.
___ Dramatic	___

___ MEMO

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

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

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
___ _____	___ _____

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: _____

LOCAL UNION NO. --- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INITIAL (Instrument(s)) (LDR)	HOME ADDRESS (Give Street, City and State)	SOCIAL SECURITY NUMBER	HRS. GUAR.	HRS. WK'D	WAGES (1) DBL - - - - - - - - - - - - CARTAGE	PENSION	H&W WHERE APPLICABLE
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(1) Insert overscale wages being paid.
Include all music prep. information on this form or continuation sheet, with copies of invoices attached.

TOTAL PENSION CONTRIBUTIONS		
TOTAL H & W CONTRIBUTIONS		

FOR FUND USE ONLY: