

AFTRA PHONO-CONTINGENCY PAYMENTS ADDITIONAL UNION SCALE REPORT

Company Name

Address

H & R Account No.

Job No.

Selection No.

Selection Title

Release Date

Featured Artist's Name

City Where Recorded

Send report to the AFTRA office where original Session Report was sent.

SINGLE ALBUM ORIGINAL CAST OTHER

SONG TITLE IN SINGLE/ALBUM

1	6	11
2	7	12
3	8	13
4	9	14
5	10	15

Social Security/FID Account Number	Performer's Name Last	First	Cate- gory	Original Scale	Recording Date	Song No. (s)	% Factor	Contingent Scale	Grand Total
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REMARKS

TOTAL

VOUCHER NO.

TOTAL H & R @ 11%

DATE PAID