APPENDIX "D"

PERFORMER'S TIME REPORT

UBCP/ACTRA
300-380 West 2nd Ave
Vancouver, BC V5Y 1C8
Phone: (604) 689-0727
Fax: (604) 689-1145
www.ubcp.com

Production Title: _____

Episode: _____

UNION #: _____

NO. _____ WEEK END: _____

G.S.T. #: _____

INCORP. #: _____

S.I.N.: _____

NAME: _____

ADDRESS: _____

_____

CTGY: _____

CHARACTER: _____

TEL. #: _____

Day	Date	Epis.	Travel Leave	M & W		Call	On Set	1st Meal		2nd Meal		Off Set	Travel Arrive	S.T.	1.5	2	NDB	Crew Call	Meal Penalty	Total Hours	Actor's Signature
				In	Out			In	Out	In	Out										
SUN																					
MON																					
TUE																					
WED																					
THUR																					
FRI																					
SAT																					

TIME: RATE: EXTENSION:

S.T. _____ X _____ = _____
1.5 _____ X _____ = _____
2.0 _____ X _____ = _____
Daily: _____ X _____ = _____
Wkly: _____ X _____ = _____
Adj.: _____ X _____ = _____
Pen.: _____ X _____ = _____

APPROVALS: Asst. Dir. _____ P.M. _____
Payment Received in Full:
$ _____ Signature: _____
Cheque No. _____
This voucher constitutes an invoice for payment of the GST/HST

Total Hours Worked

Reg. & O.T.: _____
Penalties: _____
Stunt Adj.: _____
Misc.: _____
Misc.: _____
Sub-Total: _____
__% Buy Out: _____
Gross: _____
Union Mbrs. 3%: (_____)
Union W.P.: (_____)
or 2.25% Dues
Net Fee Payable: _____
GST/HST Payable: _____

ACCT. CODE ____ ____ ____ ____
FRINGE CODE ____ ____ ____ ____

COMMUNICATIONS

WHITE – Performer's On Set Copy **PINK – Union's Copy**
CANARY – Producer's Copy **GOLDENROD – Performer's Chq. Copy**

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