



CAST & CREW®

Payroll, Inc.

1775 Broadway, Suite 610
New York, NY 10019
(212) 399-6300

EXTRA DAILY VOUCHER

S.A.G. NUMBER →

PRODUCER:

DATE	NAME (PRINT) LAST	FIRST	PRODUCTION NO. OR TITLE	DISMISSAL TIME
			City of New York	

MARITAL STATUS	NO. DEP	SOCIAL SECURITY NO. MUST BE PROVIDED TO MAKE PAYMENT	TYPE OF CALL	STARTING TIME
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED				

LOAN OUT - COMPANY NAME	FEDERAL I.D. NO.	GEN'L EXTRA <input type="checkbox"/>	BASIC WAGE RATE	TRAVEL TIME	PENALTIES	MEAL PERIODS	HOURS WORKED
				ARRIVE LOCATION		1ST OUT	

I hereby acknowledge receipt of payment of wages in full for all services heretofore rendered by me and payment for all rights in and all work heretofore done by me for the above named Producer. I hereby grant to said Producer all rights of every kind and character whatsoever in and to all work heretofore done and all poses acts plays and appearances heretofore made by me for said Producer as well as in and to the right to use my name and photographs either still or moving for commercial or advertising purposes. I further grant to above named Producer the right to reproduce in any manner whatsoever and recordings heretofore made by said Producer of my voice and all instrumental musical or other sound effects produced by me. I further agree that in the event of a retake of all or any of the scenes in which I participate or if additional scenes are required (whether originally contemplated or not) I will return to work and render my services in such scenes at the same basic rate of compensation as that paid me for the original taking. The undersigned expressly agrees that the undersigned will not at any time claim that there was anything damaging or detrimental to the undersigned in the photoplay specified above because of the part played by the undersigned in the photoplay or otherwise nor will the undersigned claim that any character in the photoplay represents or points to the undersigned. This grant to the above named Producer its successors and assigns extends to all phases of exploitation including Television. I also acknowledge receipt of an itemized statement in connection with such wages as required by law. Under the penalties of perjury I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding I certify that I incurred no liability for Federal income tax for last year and that I anticipate that I will incur no liability for Federal income tax for this year.	STAND IN <input type="checkbox"/>	TRAVEL TIME ARRIVE LOCATION LEAVE LOCATION FITTING MEALS B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/>	PENALTIES CATERED <input type="checkbox"/> INTERVIEW <input type="checkbox"/>	MEAL PERIODS 1ST OUT IN 2ND OUT IN	APPROVAL
	SILENT BIT <input type="checkbox"/>				

SIGN HERE _____

NAME (PRINT) _____

STREET _____ APT # _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____

TYPE OF WORK	WAGES		AMOUNT	TYPE	AMOUNT
	WORK	RATE			
DAY (100)		\$		WARDROBE (WRD)	120
1-1/2X (150)				PROP (PROPS)	
2X (200)				FITTING (WDF)	
NITE (110)				AUTO (CRA)	
WET/SMOKE (WET)/(SMK)				MILEAGE ALLOW (ML1)	
MAKEUP (WRS)				MILEAGE TAX (MLG)	
MEAL PEN (MP1)				MEALS (MA1)	
Please note for unemployment 1-Cast & Crew is your Employer. 2-Indicate Film Title.				TOTAL	

EMPLOYEE COPY