



SESSION REPORT

SESSION REPORT
 SESSION REPORT + COMPLETION
 RERECORD SESSION
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ADVERTISER/CLIENT			DATE	
			P.O. NO.	
PRODUCT			ESTIMATE NO.	
COMMERCIAL ID NO.	LENGTH	ALLOWABLE EDIT ID	LENGTH	TRK / ID / LGTH
TITLE				
FILM DATE		FILM STUDIO		FILM CITY
RECORD DATE		RECORD STUDIO		RECORD CITY
AFM CONTRACT(S)				
1. _____		3. _____		5. _____
2. _____		4. _____		6. _____

SAG
 AFTRA
 AFM
 OTHER _____
 TV
 RADIO
 INDUSTRIAL
 CABLE
 NON-AIR DEMO
 INTERNET
 NEW MEDIA

IMPORTANT REMINDER

COMPLETE AND LEGIBLE W-4 FORMS MUST BE ATTACHED FOR ALL ORIGINAL SESSION PAYMENTS.
 PAYMENTS WILL NOT AND CANNOT BE MADE WITHOUT THIS FORM IF ORIGINAL PAYMENT. ATTACH COPY OF PERFORMER CONTRACTS.
 IF PERFORMER WORKED IN STATE OTHER THAN SHOWN ABOVE, INDICATE STATE WHERE SERVICE WAS PERFORMED.

NO.	Performer's Name	Over Scale %	Cat-egory	Camera On / Off	Doubling		Orig. Ver.	Edit Ver.	Minor	Agent Name and Special Comments
					M	S				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

SPECIAL COMMENTS:

COMPENSATION AND/OR SESSION FEE _____

AGENCY NAME: _____

AUTHORIZED SIGNATURE _____