

Phone: 800-515-9896 Fax: 800-559-6402

Email: mail@falconpaymasters.com www.falconpaymasters.com

Taft/Hartley Report

	☐Production Report	□Completion Report											
R	(Pay Session Fee) Report Date:	(Final Cast List)											
		 Producer:									Estimate #:		
	ilm Date:	Film Studio:											
R	Record Date:					Record City:						#:	
U	Jnion:		ort	rt Type:									
	□ ACTRA □ AFTRA □	Other		□ TV □ Radio		☐ Industrial (1)☐ Industrial (2)				TV – Cable	Only	Other	
	☐ AFM ☐ SAG									Non-Air De	emo		
т	itle:		Lengtl							Con	ial ID#:		
Α	AFM Contract(s):		r Le	Length: Ed					it Version #:				
Line	Name	Category	Cam on/off	М	s	Dbl	Orig	Edit	% Over Scale	Agent Code		Comment	
omments:													
omments.	•												
v	VEDV IMPODTANTI			Δρ	rend	·v:							
_	<u>'ERY IMPORTANT!</u> n order to pay Session Fees we	require the follow	wing:										
	Complete, Legible W- Complete, Legible Per						n abo						
	 Complete, Legible Performer Contracts 					Authorized Signature:							



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Report Date	e:							
Advertiser:				Producer:		Estimate #:		
Film Date: Film Studio:				Film City:		PO#:		
Record Date: Record Studio:):	Record City:	Job#:			
Union:			Report Ty	pe:				
☐ ACTRA	☐ AFTRA	Other	□т∨	Industrial (1)	TV – Cable (Only		
□ ағм	☐ SAG		Radio	☐ Industrial (2)	Non-Air Der	mo		
Title:			Length:		Com			
AFM Contract(s):			Edit Ver L		Edit Version #:			

		Worktime		Me	eals	Makeup	/Fitting	Travel to Loc		Travel from Loc	
Line	Dates	From	То	From	То	From	То	From	То	From	То

E-mail completed form to mail@falconpaymasters.com