



PRODUCTION REPORT

Pay Session Fee ☐ Final Cast ☐

0 For all original session payments, attach complete, legible, signed W-4 Forms, and copies of performer contracts with timesheets.

DATE	CLIENT #	PO #	ESTIMATE #	JOB #	AFM CONTRACT NUMBER(S)			
AD AGENCY			ADVERTISER					
PRODUCT/BRAND			SUB-PRODUCT/BRAND					
BASE ID NO.	TITLE (BASE)	LENGTH	1ST ALLOW	TITLE (1ST)	LENGTH			
2ND ALLOW	TITLE (2ND)	LENGTH	3RD ALLOW	TITLE (3RD)	LENGTH			
FILM DATE	FILM STUDIO	FILM CITY	FILM STATE	STOCK PHOTO/VIDEO/MUSIC INFO (OPTIONAL)				
RECORD DATE	RECORD STUDIO	RECORD CITY	RECORD STATE					
UNION	☐ SAG-AFTRA ☐ AFM ☐ Non-Union		TYPE	Comm'l: ☐ TV ☐ Radio Made for: ☐ Internet ☐ New Media				
	☐ Other:			ACS: ☐ Plus ☐ Digital ☐ Flex Corp-Edu: ☐ Cat 1 ☐ Cat 2 ☐ Other:				
LINE	PERFORMER NAME	CATE-GORY	CAMERA		VERSION			AGENT NAME / COMMENTS
			ON	OFF	BASE	1ST	2ND	
1			☐	☐	☐	☐	☐	
2			☐	☐	☐	☐	☐	
3			☐	☐	☐	☐	☐	
4			☐	☐	☐	☐	☐	
5			☐	☐	☐	☐	☐	
6			☐	☐	☐	☐	☐	
7			☐	☐	☐	☐	☐	
8			☐	☐	☐	☐	☐	
9			☐	☐	☐	☐	☐	
10			☐	☐	☐	☐	☐	
11			☐	☐	☐	☐	☐	
12			☐	☐	☐	☐	☐	
13			☐	☐	☐	☐	☐	
14			☐	☐	☐	☐	☐	
15			☐	☐	☐	☐	☐	

NOTES:

SUBMITTED BY:

SIGNATURE		NAME		TITLE
DATE	PHONE	EMAIL ADDRESS		