

PRODUCTION REPORT (Pay Session Fee)

COMPLETION REPORT (Final Cast List)



Extreme Reach Talent, Inc.
111 W. Jackson Blvd., Suite 1525, Chicago, IL 60604, (312) 726-4404

Report Date	Advertiser	Product
-------------	------------	---------

Film Date	Film Studio	Film City	PO#
-----------	-------------	-----------	-----

Record Date	Record Studio	Record City	Job Number
-------------	---------------	-------------	------------

Union				Report Type			
<input type="checkbox"/> ACTRA	<input type="checkbox"/> SAG-AFTRA	<input type="checkbox"/> AFM	<input type="checkbox"/> Other	<input type="checkbox"/> TV	<input type="checkbox"/> Industrial (1)	<input type="checkbox"/> TV - Cable Only	<input type="checkbox"/> Other
				<input type="checkbox"/> Radio	<input type="checkbox"/> Industrial (2)	<input type="checkbox"/> Non-Air Demo	

Title	Length	Commercial ID#
-------	--------	----------------

AFM Contract(s)	Edit Ver Length	Edit Version #
-----------------	-----------------	----------------

Line	Name	Category	Cam On/Off	M	S	Dbl	Orig	Edit	% Over Scale	Agent Code	Comment
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

Comments

Very Important!

In order to pay Session Fees we require the following -

- Complete, Legible W-4's
- Complete, Legible Performer Contracts

Agency
Signatory (if other than above)
Authorized Signature

SESSION DETAIL



Report Date	Advertiser	Product	
Film Date	Film Studio	Film City	PO#
Record Date	Record Studio	Record City	Job Number

Union				Report Type			
<input type="checkbox"/> ACTRA	<input type="checkbox"/> SAG-AFTRA	<input type="checkbox"/> AFM	<input type="checkbox"/> Other	<input type="checkbox"/> TV	<input type="checkbox"/> Industrial (1)	<input type="checkbox"/> TV - Cable Only	<input type="checkbox"/> Other
				<input type="checkbox"/> Radio	<input type="checkbox"/> Industrial (2)	<input type="checkbox"/> Non-Air Demo	

Title	Length	Commercial ID#
-------	--------	----------------

AFM Contract(s)	Edit Ver Length	Edit Version #
-----------------	-----------------	----------------

Line	Dates	Worktime		Meals		Makeup/Fitting		Travel to Loc		Travel from Loc	
		From	To	From	To	From	To	From	To	From	To
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											