



ACTRA

**ADDITIONAL BACKGROUND PERFORMER VOUCHER
PRODUCERS MAY USE WHEN THE REQUIREMENTS OF ARTICLE C501 HAVE BEEN SATISFIED**

PERFORMER NAME _____

ADDRESS _____

_____ PHONE NO. _____

PRODUCTION TITLE _____

EPISODE TITLE & NUMBER _____

PRODUCTION COMPANY _____

PRODUCER'S REPRESENTATIVE _____

COMMENTS _____

PERFORMER'S SIGNATURE _____

DATE
CALL TIME
WRAP TIME
RATE (AS PER C503)
\$ _____ PER HOUR
TOTAL AMOUNT DUE
ACTRA MEMBER #
EITHER GST# OR SIN#

PRODUCER'S COPY

(ACC-A7 7/04/80)



I authorize ACTRA as my sole and exclusive bargaining agent with respect to this engagement.

BACKGROUND PERFORMER TO SIGN PERFORMER'S SIGNATURE ON FRONT OF FORM.