



ACTRA

BACKGROUND VOUCHER

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ACTRA PERMITTEE		Date	Category
Performer Name			Upgrade
Address		Call Time Crew Call	Nudity
			Prop Shot
Phone #		Travel To Start Finish	For Engager's Use 8 hr
SIN #		Non-Deductable First Meal Start Finish	.25 MU
E-mail			(OT 1.5)
GST #	QST #	Make-up / Wardrobe Call Start Finish	(OT 2)
HST #			
PRODUCTION TITLE		Set Call	MP1
Episode Title & Number		Substantial Provided Yes <input type="checkbox"/> No <input type="checkbox"/>	MP2
Production Company		1st Meal Penalty (✓) <input type="checkbox"/> Start Finish	Travel
Performer's Signature		2nd Meal Penalty (✓) <input type="checkbox"/> Start Finish	Mileage
Producer's Representative		Wrap Time	Turnaround
AGREE <input type="checkbox"/> DISAGREE <input type="checkbox"/>		Travel From Start Finish	Wardrobe Fitting**
Comments			Misc.
		Mileage _____ kms	Gross
		Turnaround Penalty (✓) <input type="checkbox"/>	Less Equalization Deduction
Specialty Wardrobe	Regular Wardrobe		Net Amount Due
# of Changes	# of Changes	Date of Wardrobe Fitting** Date _____	
Specialty Item / Car	Misc.	Start Finish	**Pd when Wardrobe occurs on a previous day

This engagement is subject to all the Terms, Rates and Conditions in effect at the time of production, covering Performers in Independent Production negotiated between the Alliance of Canadian Cinema, Television and Radio Artists ("ACTRA"), the Canadian Film and Television Production Association ("CFTPA") and L'Association des Producteurs de Film et de Television du Quebec ("APFTQ").

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

I authorize the engager to make deductions as required by the Agreement for the ACTRA Fraternal Benefit Society and ACTRA, and to remit such deductions to the ACTRA Fraternal Benefit Society. I assign all such deductions to the Board of the ACTRA Fraternal Benefit Society and ACTRA for disposition in such manner and for such purposes as may be determined in their absolute discretion.

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