



ACTRA

BACKGROUND VOUCHER

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