ACTRA

PERFORMERS
DUBBING TIME SHEET

1 copy - Engager
1 copy - ACTRA

Producer : _____ **Live Action :** ☐ **Series (Episode #) :** _____ **Production Title :** _____

Production House : _____ **Animation :** ☐ **Feature :** _____ **Date of Recording :** _____

Performer's Name	ACTRA Membership # or Work Permit #	Social Insurance #	Booked From / To	Worked Morning (From/To)	Worked Afternoon (From/To)	Total Hours	Role (s)	Line Count	Performer's Signature	Gross Fee