


## APPENDIX "D"

	UNION OF BC PERFORMERS/ACTRA PERFORMER TIME REPORT ANIMATED PRODUCTIONS
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*PRODUCTION TITLE:* \_\_\_\_\_

*PRODUCTION COMPANY:* \_\_\_\_\_

*EPISODE TITLE:* \_\_\_\_\_

*EPISODE NO.:* \_\_\_\_\_

*PERFORMER:* \_\_\_\_\_

*PERFORMER'S CO. NAME:* \_\_\_\_\_

*AGENT:* \_\_\_\_\_

*ADDRESS:* \_\_\_\_\_

\_\_\_\_\_

*SIN:* \_\_\_\_\_

*GST#:* \_\_\_\_\_

*UBCP/ACTRA#:* \_\_\_\_\_

<i>CHARACTER(S):</i>	<i>CAT.</i>

<b>INCIDENTAL CHARACTER</b>

DATE	CALL TIME	WRAP TIME	MEAL BREAK	TOTAL HRS	ACTOR'S SIGNATURE

<b>REGULAR</b>	
<b>OVERTIME</b>	
<b>PREPAYMENT</b>	
<b>GROSS FEE</b>	
<b>3% RETIREMENT</b>	
<b>2.25% DUES</b>	
<b>WORK PERMIT FEE</b>	
<b>NET PAYABLE</b>	
<b>PRODUCER'S CONTRIBUTIONS</b>	
<b>GST PAYABLE</b>	
<b>SUBTOTAL</b>	
<b>TOTAL PAYABLE</b>	