

CREW DEAL MEMO

PRODUCTION COMPANY _____ DATE _____
SHOW _____ PROD # _____
EMPLOYEE'S NAME _____ SOC. SEC. # _____
ADDRESS _____ PHONE # _____
MOBILE # _____
START DATE _____ FAX # _____
JOB TITLE _____ PAGER # _____
UNION/GUILD _____ ACCOUNT # _____

RATE (In town) _____ Per Hour Day Week for a 5- 6-day week
(Distant location) _____ Per Hour Day Week for a 5- 6-day week

ADDITIONAL DAY(S) @ _____

OVERTIME _____ After _____ hours & _____ After _____
hours _____

BOX/EQUIPMENT RENTAL _____ Per Day Week
 CAR ALLOWANCE _____ Per Day Week
 MILEAGE REIMBURSEMENT _____ Per Mile

Note: Any equipment rented by the Production Company from the employee must be inventoried before rental can be paid

TRAVEL & HOTEL ACCOMMODATIONS _____

EXPENSES—PER DIEM _____

LOANOUT

CORP. NAME _____ FED. ID # _____

ADDRESS (If different from above) _____

AGENT _____ AGENCY _____

ADDRESS _____ PHONE # _____

FAX # _____

EMPLOYER OF RECORD _____

ADDRESS _____ PHONE # _____

FAX # _____

IF AWARDED SCREEN CREDIT, HOW WOULD YOU LIKE YOUR NAME TO READ?

APPROVED BY _____ TITLE _____

ACCEPTED BY _____ DATE _____