

CAMERA CREW TIME SHEET AND INVOICE

Name:	Date:
Address:	
City:	State: Zip:
Home Phone:	SS# or Fed. ID #
Cell Phone:	Email:

Prod. Title:	Prod. #:
Prod. Co.:	
Address:	
City:	State: Zip:
Phone:	Fax:

For Services Rendered As DP Operator 1st AC 2nd AC
 Loader DIT Other

RATE: Weekly Hourly Daily Hours
OVERTIME: Yes No RATE: 1 ½ X 2 X After Hours

For Week Ending:

DATE	DAY	CALL	1 ST MEAL		2 ND MEAL		WRAP	TOTAL
			Out	In	Out	In		
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
Total Amount								

ADDITIONAL CHARGES OR SERVICES

TOTAL AMOUNT DUE	

**PAYMENT IS DUE 30 DAYS FROM DATE OF INVOICE
PAYMENT NOT RECEIVED IS SUBJECT TO INTEREST CHARGE OF 1 ½% PER MONTH**

Signature	Date
Approved By	Date
Paid by Check #	Date

MINUTES TO TENTH OF AN HOUR CONVERSION

1–6 minutes = 0.1 hr

7–12 minutes = 0.2 hr

13–18 minutes = 0.3 hr

19–24 minutes = 0.4 hr

25–30 minutes = 0.5 hr

31–36 minutes = 0.6 hr

37–42 minutes = 0.7 hr

43–48 minutes = 0.8 hr

49–54 minutes = 0.9 hr

55–60 minutes = 1 hr
