

JOB INFORMATION

Date:

Prod. Title:

Prod. #:

Format

Film

16 mm

35 mm

Video

SD

HD

Prod. Company:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Contact Person:

Title:

Shooting Date(s):

Position:

DP

Operator

1st AC

2nd AC

Loader

D.I.T.

Other

Union

Non-union

Rate:

Daily – 8 Hours

Daily – 10 Hours

Daily – 12 Hours

Weekly

Other

Invoice

Time Card

Box or Kit Rental

Y

N

Amount:

Additional Information:

Local

Distant

Travel Dates (If applicable)

Per Diem

Director of Photography:

Phone:

Fax:

E-mail:

Camera Rental Company:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Contact Person:

Title:

Camera (See Equipment Checklist)

Prep Date(s)

Laboratory:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Contact Person:

Title:

Additional Information: