

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: _____

DAY	DATE	CALL	1 ST MEAL		2 ND MEAL		WRAP	1x	1.5x	2x	TOTAL
			OUT	IN	OUT	IN					
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
TOTAL HOURS											

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 _____

Production Office Approval (Print Name) _____ Date _____

Production Office Approval (Signature) _____ 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
