JOB INFORMATION			
Date:			
Prod. Title:	Prod. #:		
Format Film 16 mm 35 mm Digita	al 🗌	SD	HD
Prod. Company:			
Address:			
City: Sta	ite:	Zip:	
Phone: Fax: E-mail:			
Contact Person: Title:			
Shooting Date(s):			
Position: DP Derator 1st AC 2nd AC Other	Lo	oader	☐ D.I.T.
Union Non-union Rate: Daily – 8 Ho	ours	Daily	– 10 Hours
☐ Daily – 12 Hours ☐ Weekly Other			
☐ Invoice ☐ Time Card Box or Kit Rental ☐ Y ☐	N A	mount:	
Additional Information:			
Local Distant Travel Dates (If applicable)			
Per Diem			
Director of Photography:			
Phone: Fax: E-mail:			
Camera Rental Company:			
Address:			
City: Sta	te:	Zip:	
Phone: Fax: E-mail:			
Contact Person: Title:			
Camera (See Equipment Checklist)			
Prep Date(s)			
Laboratory:			
Address:			
City: Sta	te:	Zip:	
Phone: Fax: E-mail:			
Contact Person: Title:			
Additional Information:			
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