

JOB INFORMATION

DATE _____

PROD. TITLE _____ PROD # _____

FORMAT FILM 16 mm 35 mm VIDEO VIDEO FORMAT _____

PROD. COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ TITLE _____

SHOOTING DATE(S) _____

POSITION DP OPERATOR 1ST AC 2ND AC LOADER

UNION NON-UNION RATE _____

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 _____

CAMERA RENTAL COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____

CAMERA (SEE EQUIPMENT CHECKLIST) _____

PREP DATE(S) _____

LABORATORY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____

ADDITIONAL INFORMATION _____