

CAMERA CREW TIME SHEET AND INVOICE

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ SS# or FED ID # _____

CELL PHONE _____ EMAIL _____

PROD. TITLE _____ PROD. NO. _____

PROD. CO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

FOR SERVICES RENDERED AS: DP Camera Operator 1st AC 2nd AC Loader
 Other _____

RATE: _____ Weekly Hourly Daily _____ 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							

MINUTES TO TENTH OF AN HOUR CONVERSION

1-6 minutes = .1 hour	31-36 minutes = .6 hour
7-12 minutes = .2 hour	37-42 minutes = .7 hour
13-18 minutes = .3 hour	43-48 minutes = .8 hour
19-24 minutes = .4 hour	49-54 minutes = .9 hour
25-30 minutes = .5 hour	55-60 minutes = 1 hour

ADDITIONAL CHARGES OR SERVICES	AMOUNT DUE
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 _____

APPROVED BY _____

PAID BY CHECK # _____ DATE _____