



AMERICAN FEDERATION OF MUSICIANS REPORT FORM TELEVISION AND RADIO COMMERCIAL ANNOUNCEMENTS RP No.

DATE: _____
 ADVERTISER: _____
 PRODUCT: _____
 ADVERTISING AGENCY: _____
 AGENCY REP.: _____
 AGENCY ADDRESS: _____
 AGENCY REP. PHONE: _____

Recording Date: _____ No. of Musicians: _____
 Recording Studio: _____
 City: _____ State: _____
 Hours of Employment: _____
 Music Prod. Co. Name: _____
RE-USE, DUBBING, NEW USE OR OTHER
 Original Report Form No.: _____
 Original Recording Date: _____

(a) LOWEST No. OF REPORTED HRS. WK'D: _____
 (b) No. OF ANNOUNCEMENTS CLAIMED: _____

One announcement may be claimed for every 20 minutes reported in (a) above, subject to a maximum of 8 announcements for synthesizer-only sessions.

IDENTIFICATION Titles and Code Nos. (Include track length for original sessions only.) When identification changes give prior and new.

	Original (or Prior) Identification	TRK LGTH	New Identification
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____
G.	_____	_____	_____

First Air Date: _____
 Cycle Dates Being Paid: _____

PAYMENTS NOT MADE ON A TIMELY BASIS ARE SUBJECT TO THE LATE PAYMENTS PROVISION OF THE AFM TELEVISION AND RADIO COMMERCIAL ANNOUNCEMENTS AGREEMENT.

ORIGINAL SESSION AFM Local No.: _____

SIGNATORY OF RECORD

FOR SESSION PAYMENTS (e.g. Music Prod. Co., Agency): _____ Address: _____
 Pension Contributions To Be Paid By (if different): _____

FOR ALL OTHER PAYMENTS (e.g. Agency): _____ Address: _____
 Pension Contributions To Be Paid By (if different): _____

The terms and conditions of the engagement covered by this Report Form include the terms and conditions of the AFM Commercial Announcements Agreement in effect at the time of such engagement.

Signatory of Record's Signature: _____ Leader's Signature: _____

Print Name of Signer: _____ Phone: _____ Leader's Phone: _____

LOCAL UNION NO. / CARD NO.	EMPLOYEE'S NAME (As on Social Security Card)			SOCIAL SECURITY NUMBER	HRS. WK'D	NO. OF DBL PER SESS	SPOT ID by letter above	ID of SPOT PER DBL	(1)	WAGES / CARTAGE	PENSION	H&W WHERE APPLICABLE
	LAST	FIRST	INIT. (Instrument(s))									
-----			(LDR)							-----		
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-----			(ARR)							-----		
-----			(ORC)							-----		
-----			(COPY)							-----		

(1) Insert X if wages paid are overscale. Include all music prep. information on this form or a continuation sheet, with copies of invoices attached.

FOR FUND USE ONLY:

TOTAL PENSION CONTRIBUTIONS	
TOTAL H & W CONTRIBUTIONS	