



AMERICAN FEDERATION OF MUSICIANS REPORT FORM
TELEVISION AND RADIO COMMERCIAL ANNOUNCEMENTS

RPN⁰

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

ORIGINAL SESSION AFM Local No.:
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 Recordings 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.
Table with columns: Original (Or Prior) Identification, TRK LGTH, New Identification. Rows A through G.
First Air Date:
Cycle Dates Being Paid:

Check 1 and only 1 from each of these three columns.
Payment Type Medium Rates
Original Session TV National
Initial Use Radio (13 weeks) Foreign
Re-Use Radio (8 weeks) Regional (Nat'l Adv)
New Use Non-Broadcast Regional (Reg. Adv)
Dubbing Other Local (Nat'l Adv)
Dubbing (Longer/ Shorter Version) Local (Local Adv)
Other Indicate region or local area in MEMO box

Additional Info Check Here If
Short Term Use Commercial made for cable only
Info Changes PSA status confirmed by AFM
Mech. Edit Session performed solely on synthesizer
Sideline Session
Other
MEMO

EMPLOYER OF RECORD (e.g. Payroll Service)
SIGNATORY OF RECORD:
For Session Payments Address
For All Other Payments Address

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

Table with columns: LOCAL UNION NO., EMPLOYEE'S NAME (LAST, FIRST, INITIAL), SOCIAL SECURITY NUMBER, HRS WK'D, NO. OF DBLS OVR-DBS, SPOT ID BY LETTER ABOVE, ID OF SPOT PER DBL, WAGES CARTAGE, PENSION CONTRIBUTION, H & W WHERE APPLICABLE. Includes rows for (LDR), (ARR), (ORC), and (COPY).

(1) Insert X if wages being paid are overscale.

FOR FUND USE ONLY:

TOTAL H&W CONTRIBUTIONS
TOTAL PENSION CONTRIBUTIONS

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Continuation Sheet

 Recording Date: _____
 Leader's Name: _____

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LOCAL UNION NO. CARD NO.	EMPLOYEE'S NAME (AS ON SOCIAL SECURITY CARD)			SOCIAL SECURITY NUMBER (EID as applicable)	HRS WK'D	NO. OF DBLS OVR-DBS	SPOT ID BY LETTER ABOVE	ID OF SPOT PER DBL	(1)		PENSION	H & W WHERE APPLICABLE
	LAST	FIRST	INITIAL (Instrument(s))						WAGES	CARTAGE		
			(LDR)						<input type="checkbox"/>			
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			(ARR)						<input type="checkbox"/>			
			(ORC)						<input type="checkbox"/>			
			(COPY)						<input type="checkbox"/>			

(1) Insert X if wages being paid are overscale.
FOR FUND USE ONLY:

	TOTAL PENSION CONTRIBUTIONS:
	TOTAL H&W CONTRIBUTIONS: