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: _____

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	___ Videocassette	___ Local (Nat'l Adv.)
___ Dubbing (Longer/ Shorter Version)	___ Internet	___ Local (Local Adv.)
___ Other	___ 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	___ Late Penalties Included
___ Other	

___ MEMO

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) LAST FIRST INIT. (Instrument(s))	SOCIAL SECURITY NUMBER	HRS. WK'D	NO. OF DBL PER SESS	SPOT ID by letter above	ID of SPOT PER DBL	WAGES (1) --- CARTAGE	PENSION	H&W WHERE APPLICABLE
---	(LDR)						---		
---							---		
---							---		
---							---		
---							---		
---							---		
---							---		
---	(ARR)						---		
---	(ORC)						---		
---	(COPY)						---		

TOTAL PENSION CONTRIBUTIONS		
TOTAL H & W CONTRIBUTIONS		

(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:

FORM B-6/Rev. 9-96