

☐ NON-UNION
UNION - SAG/AFTRA
☐WAIVER/TAFT HARTLE

☐ EXTRA STAND-IN ☐ PHOTO DOUBLE

Employer: New C.A.P.S., LLC, FEIN: 27-4217142

EXTRA VOUCHER

VIEW PAYSTUBS:

A Cast &	Crew Company	1560 BROADWAY, SUITE 701 NEW YORK, NY 10036			☐ WAIVER/TAFT HARTL			, =	SPECIAL ABILITY			MY.CASTANDCREW.COM OTHER INQUIRIES: 818-860-7756		
DATE WORKE) PRODU	CTION COMP	PANY				PRO	DUCTION TITLE					TYPE OF CALL	
NAME (LAST)		(FIRST)						(M.I.)		SOCIAL SE	CURITY # (MUS	ST be provided	l in order to be paid)	
STREET ADDRE	SS		АРТ	· #	CHECK IF NEW	BOX ADDRESS	SEND TO AGENT	AGENT NAME						
CITY STATE ZIP STR							STREET ADD	RESS						
PHONE NUMBE	R		_			M CITY		ТҮ		STATE			ZIP	
WORK STATE	WORK ZIP CODE	BASIC WAGE RATE STARTING TIME AM PM								DISMISS AM PM	SAL TIME			
NON-DEDUCTIE			1ST MEAL		5h lloi i		2ND MEAL	-			TOTAL HOU	JRS A	APPROVED FOR PAYMENT	
START WARDROBE	MILEAGE	AUTO	START WET		WALKAWAY	\$	STAR	- T		NOT V	VRITE IN	THIS S	PACE ▼	
PROPS	MEAL PENALTY	FITTING	SMOKE NIGHT PF	REMIUM	BUMP			PYMT TYPE DAY	H	IOURS	AMO	UNT	ACCOUNT CODE	
COMMENTS ADJUSTMENT \$								1.5	+					
"I agree to accept the sum properly computed based upon the times and the basic wage rate shown as payment in full for all services heretofore rendered by me for New C.A.P.S., LLC. I further agree that the said sum, less all deductions required by law, may be paid to me by negotiable check issued by said company, said check to be addressed to me at my last reported address and deposited in the United States mail within the time periods provided by law." "I hereby give and grant to the company named all rights of every kind and character whatsoever in and to all work heretofore done, and all poses, acts, plays and appearances heretofore made by me for you and in and to all of the results and proceeds of my services heretofore rendered for you, as well as in and to the right to use my name, likeness and photographs, either still or moving for commercial and advertising purposes. I further give and grant to the said company the right to reproduce in any manner whatsoever any recordains heretofore made by said company of my voice and all instrumental, musical, or other sound effects produced by me. I further agree that in the event of a retake of all or any of the scenes in which I participate, or if additional scenes are required (whether originally contemplated or not) I will return to work and render by services in such scenes at the same basic rate of compensations as that paid to me for the original taking." By signing this form, I authorize the employer, or its services or payroll provider, to take deductions from my earnings (regardless of payment method) to adjust previous overpayments if and when said overpayments may occur. By signing this form, I certify that I have reviewed the information on this record and it accurately reflects all my start and stop times of work in this period, and, unless noted above, I further certify that I have taken all meal and other breaks that I am entitled to for this period.														
SIGNATURE (If N	Minor, Parent or Guard	ian must sign)					WET/	\perp					
EMAIL ADDRESS								SMOKE TOTAL						
								PAYMENT ►						

CA residents: Your personal information may be collected in connection with certain services provided by Cast & Crew or its affiliated companies. A summary of your California privacy rights can be found at: https://www.castandcrew.com/privacy-policy/.