

SUPPORTING ARTISTE'S RELEASE

THIS FORM IS NOT VALID WITHOUT ONE OF THE FOLLOWING BEING TICKED:

☐ PAY DIRECT ☐ AGENCY: _____

NAME

ADDRESS

PHONE#

NI NUMBER

DATE OF BIRTH

DATE WORKED

CALL TIME

WRAP TIME

DAY (PLEASE TICK)

☐ STANDARD ☐ CONTINUOUS ☐ NIGHT

BANK DETAILS (IF PAY DIRECT)

ACCOUNT NAME

SORT CODE

ACCOUNT NUMBER

OFFICE USE ONLY

ENGAGEMENT: (PLEASE CIRCLE)

BACKGROUND / DOUBLE / CHARACTER:

SIGNED BY MAKE UP / HAIR:

SIGNED BY WARDROBE / PROPS:

DAILY RATE

TRAVEL

SUPPLEMENTARY

FITTING/AUDITION

OTHER

GROSS PAY

Signed on behalf of

DATE:

I confirm that this is an accurate summary of the information contained in this voucher and I hereby agree and accept the terms and conditions as stated above and on the reverse of this sheet.

I confirm that I am one of the following (please tick one):

- ☐ A British citizen ordinarily resident in the UK, or
- ☐ a citizen ordinarily resident in another country which is a member of the European Union, or
- ☐ a citizen of another country and eligible to accept work in the United Kingdom.

SIGNED BY ARTISTE/PARTICIPANT

DATE: _____

☐ I have furnished _____ with valid documents of ID: (please specify)

NO: ARTIST'S SALARY VOUCHER									
Date Worked				Location					
Name								(the Artist)	
Production Title								(the Film)	
Production Company								(the Producer)	
THIS VOUCHER, DULY COMPLETED MUST BE PRESENTED FOR SIGNATURE BY THE ASSISTANT DIRECTOR WITHIN 30 MINUTES OF DISMISSAL									
Daily Rate		£	Character				Make-Up Dept		
Holiday Pay		£					Time:		
Overtime		£							
Early Call		£					Prop Dept		
Supp. Service Fee		£	Category						
Supp. Performance		£	Category				Time:		
Meal Allowance/s		£	Details				Wardrobe Dept		
Travel Allowances		£	Details				Time:		
Fitting Fee / Audition		£	Date						
Gross		£	VAT No.						
VAT @ %		£	N.I. No. MUST COMPLETE						
Less N.I.		£	NI EXEMPT <input type="checkbox"/> tick if exempt from NI						
NET Total		£	Time Called:				Time Finished:		
RECEIVED IN FULL SETTLEMENT OF ALL SERVICES TO DATE									
SIGNED: FOR AND ON BEHALF OF THE PRODUCER (ASSISTANT DIRECTOR)									
SIGNED		PRINT NAME				DATE OF BIRTH			
(THE ARTIST)									
I confirm that I am a British citizen ordinarily resident in the UK or a citizen ordinarily resident in another country which is a member of the European Union or the commonwealth. Please provide a copy of your passport. I HAVE READ AND ACCEPT THE TERMS & CONDITIONS AS PRINTED OVERLEAF.									
ADDRESS:									
					TEL NO:				

Character

Production Title:

(the film)

Artiste's Salary Voucher

Production Company:

No:

(the producer)

Performer's Full Legal Name: _____ Date Worked: ____/____/____

Location: _____

Agency: _____ (the "Agent") ☐ DirectEngagement: ☐ Background Artist ☐ Stand-in ☐ Double**THIS VOUCHER, DULY COMPLETED, MUST BE PRESENTED FOR
SIGNATURE BY THE ASSISTANT DIRECTOR WITHIN 30 MINUTES OF DISMISSAL**

Daily Rate:	Salary:	Holiday pay:		FORM OF PHOTO ID PROVIDED:						
<input type="checkbox"/> ½ Day Fit / Rehearsal	£ + £	£	£	PASSPORT No: COUNTRY: OTHER (specify):						
<input type="checkbox"/> Full Day Fit / Rehearsal	£ + £	£	£							
<input type="checkbox"/> Shoot Rate	£ + £	£	£							
<input type="checkbox"/> Hold Day	£ + £	£	£							
<input type="checkbox"/> Travel Day	£ + £	£	£							
Shoot Overtime:				PLEASE NOTE: FAILURE TO PROVIDE PHOTO ID WILL RESULT IN NON-PAYMENT. I CAN CONFIRM THAT THIS IS AN ACCURATE SUMMARY OF THE INFORMATION REQUESTED ABOVE AND HAVE DELIVERED MY PHOTO ID AS REQUESTED. I confirm that I am a British citizen ordinarily resident in the UK or a citizen ordinarily resident in another country which is a member of the European Union or the commonwealth. The Immigration (Restrictions on Employment) Order 2007 and Section 21 of the Immigration, Asylum and Nationality Act 2006 requires that documentary evidence of eligibility to live and work in the United Kingdom be obtained from new starters prior to commencement of Artist's engagement hereunder. Federal law 18 United States Code § 2257 and § 2257A requires documentary evidence of Artist's date of birth to be submitted. To comply with this, Artiste must submit a copy of Artiste's passport/immigration documents to the production office. I HAVE READ AND ACCEPT THE TERMS & CONDITIONS OVERLEAF.						
<input type="checkbox"/> _____ Hrs @ £			£							
<input type="checkbox"/> _____ Hrs @ £			£							
Other Overtime:										
<input type="checkbox"/> _____ Hrs @ £			£							
Additonal Pay:										
<input type="checkbox"/>			£							
<table border="1"><tr><td>Time Called:</td><td>Time Finished:</td></tr><tr><td colspan="2">CFX Signature:</td></tr><tr><td colspan="2">On Behalf Of The Producer (CFX)</td></tr></table>			Time Called:	Time Finished:	CFX Signature:		On Behalf Of The Producer (CFX)		GROSS	£
			Time Called:	Time Finished:						
			CFX Signature:							
On Behalf Of The Producer (CFX)										
Less N/I	£									
Net Total	£									

RECEIVED IN FULL SETTLEMENT OF ALL SERVICES TO DATE

Artiste's Signature:	Print Name:	Date of Birth: ____/____/____
Address:		
TEL. NO.:		

National Insurance No: <small>MUST COMPLETE</small>	Company Name:
<input type="checkbox"/> Reduced <input type="checkbox"/> Exempt (Please attach copy of Exemption Certificate)	VAT Reg. No:

WHITE COPY: PRODUCTION COMPANY

PINK COPY: ACCOUNTS

YELLOW COPY: AGENCY

GREEN COPY: ARTISTE

***PLEASE ENSURE YOU HAVE SIGNED A CONFIDENTIALITY AGREEMENT**