

DEAL MEMO

DATE _____

PRODUCTION COMPANY _____

ADDRESS _____

PRODUCTION TITLE / NO. _____

CITY, STATE, ZIP _____

NAME _____

FED. I. D. / SOCIAL SECURITY NO. _____

ADDRESS _____

TITLE / POSITION _____

CITY, STATE, ZIP _____

UNION / GUILD _____

TELEPHONE _____

START DATE _____

RATE OF _____

FOR _____ HOURS

OVERTIME AT _____ HOURS

OVERTIME RATE OF _____

ADDITIONAL INFORMATION:

ACCEPTED BY:

APPROVED BY: