Cast & Crew

Crew Timecard

Project title: _____ CTGY: _____ Union: _____ Week Ending: _____

Name: _____ SIN: _____ Rate ($): _____ Work Province: _____

Corp. Name: _____ GST / HST #: _____ ☐ Hourly ☐ Flat Daily ☐ Weekly

Day	Date	Travel	Call time	Meal Out	Meal In	Meal Out	Meal In	Wrap Time	Travel	Total Hours	Time					MP		TA	ACCT	EPSD	LOC	SET	FF	INS
											1x	1.5x	2x	3x	NDB	AM	PM							
Sun																								
Mon																								
Tues																								
Wed																								
Thurs																								
Fri																								
Sat																								
								Totals																
								Eq. Hours																

Approved by:

Dept. Head: _____ **Prod. Mgr.:** _____

Employee Signature: _____

Accounting Only:

Acct	EPSD	LOC	SET	FF	INS	Units	Description	Rate	Totals	Other Payments					
										Item	Amount	Acct	EPSD	FF	INS
							Regular								
							OT 1.5X			Kit					
							OT 2X			Car					
							OT 2.5X			Cell					
							OT 3X			Mileage					
							STAT HOL			Per Diem					
							TA			WFH Allow					
							MP			Stipend					
										Gross					

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