AMERICAN FEDERATION OF MUSICIANS REPORT FORM
TELEVISION AND RADIO COMMERCIAL ANNOUNCEMENTS
Continuation Sheet

Recording Date: _____ RPT No. _____

Leader's Name: _____ Page _____ of _____

LOCAL UNION NO. / CARD NO.	EMPLOYEE'S NAME (AS ON SOCIAL SECURITY CARD) LAST FIRST INITIAL (Instrument(s))	SOCIAL SECURITY NUMBER (EID as applicable)	HRS WK'D	NO. OF DBLS / OVR-DBS	SPOT ID BY LETTER ABOVE	ID OF SPOT PER DBL	WAGES (1) / CARTAGE	PENSION	H & W WHERE APPLIC-ABLE
	(LDR)						☐		
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