



P.O. Box 53017  
Atlanta, GA 30355

A Smith & Stilwell, Inc. Company

Fed Ex & UPS overnight, please send to: 2926 Piedmont Road, Atlanta, GA 30305  
Phone: 404-261-4052 Fax: 404-261-1866

Internal use only	
Inv	_____
Rcd	_____
Notes:	

Production Company \_\_\_\_\_

Week Ending \_\_\_\_\_

Advertiser \_\_\_\_\_ Job # \_\_\_\_\_

Employee Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Social Security No \_\_\_\_\_  
 Single  
 Married  
 Married, but withheld at higher single rate  
 Total number of allowances you are claiming \_\_\_\_\_  
 Additional amount, if any, you want deducted \$ \_\_\_\_\_  
 If claiming exemption from withholding, "exempt" and year in the box:  
 \_\_\_\_\_ yr 20\_\_\_\_  
 Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to exempt status.

	DATE	START	LUNCH	DINNER	FINISH	TOTAL HOURS	REG	1.5	2.0
SUN									
MON									
TUE									
WED									
THU									
FRI									
SAT									
	<b>TOTAL</b>								

RATE: \_\_\_\_\_  
 RATE BASED ON:  8 HRS  10 HRS  12 HRS

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

**REIMBURSEMENTS:**

Rentals \_\_\_\_\_ Acct. Code \_\_\_\_\_  
 Mileage \_\_\_\_\_ @ \_\_\_\_\_ cents per mile = \_\_\_\_\_  
 Shoot location (city/state) \_\_\_\_\_



All rental and mileage reimbursements MUST be accompanied by a completed rental or mileage log receipt.

COMMENTS: \_\_\_\_\_