



Transportation Coordinators

Participant Detail Report of Contributions to the Motion Picture Industry Pension and Health Plans

BE SURE TO PROVIDE SOCIAL SECURITY NUMBER AND UNION CODE

ALL INFORMATION MUST BE LEGIBLE
Hours are to be indicated in decimals to one place only, i.e. 00.0

RATE GROUP 05A

PAGE _____

EMPLOYER: _____ **EMPLOYER NO.** _____
ADDRESS: _____
PRODUCTION TITLE: _____ **PRODUCTION NO.:** _____
NO. WEEKS: _____ **PERIOD FROM:** _____ **PERIOD TO:** _____

SOCIAL SECURITY NO.	NAME OF PARTICIPANT (Last Name, First Name)	Occ. code	Scale *	Schedule	HOURS	Transportation Coordinators IAP Contribution (\$.30, \$.60, \$.90, \$.93, \$1.085, \$1.24)
TOTAL						

* **S** = Studio
D = Distant Location
I = Independents (Local 776)

M = Major Studios
L = Lab
O = Other Provisions (Local 871)
 Other Than Labs (Locals 683, 695C, 695P)