

PROFESSIONAL MUSICIANS LOCAL 47 AND EMPLOYERS' HEALTH AND WELFARE FUND



LOCAL 47 WORK DUES REPORT
Including Employer Contributions for
AFM/EPF and HEALTH & WELFARE FUNDS

Employer Code

PRINT LEGIBLY

PLACE OF ENGAGEMENT: _____ ROOM NAME: _____

ADDRESS OF ENGAGEMENT: _____ CITY: _____

TYPE OF ENGAGEMENT: _____ BUS. AGENT: _____

DATES OF REPORTING PERIOD FROM _____ THRU _____ WEEKS _____ TOTAL NUMBER OF _____ and/or _____ DAYS _____ DAYS PER WEEK _____ S M T W T F S		SCALE* (CHECK ONE BOX ONLY) PER WEEK <input type="checkbox"/> PER DAY <input type="checkbox"/> WAGES E.P.F. FUND H & W FUND LEADER \$ _____ \$ _____ \$ _____ CONTRACTOR \$ _____ \$ _____ \$ _____ EACH SIDEMUSICIAN \$ _____ \$ _____ \$ _____ ADD'L SIDEMUSICIAN \$ _____ \$ _____ \$ _____ CHECK HERE <input type="checkbox"/> IF TRAVELING ENGAGEMENT *INCLUDING OVERTIME, REHEARSAL, DOUBLING, ETC.		
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IMPORTANT INFORMATION - READ CAREFULLY

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| 1. SUBMIT ACCURATE, COMPLETE AND LEGIBLE REPORTS TO ENSURE PROPER CREDIT.
2. SUBMIT FIRST FOUR (4) COPIES OF THIS REPORT AND SEPARATE CHECKS, ONE EACH FOR THE TOTAL OF H&W, AFM/EPF, WORK DUES, AND TRAVEL DUES, IF APPLICABLE, TO THE UNION OFFICE.
3. MAKE CHECKS PAYABLE TO:
LOCAL 47 HEALTH & WELFARE FUND
LOCAL 47 AFM/EPF (PENSION) | WORK DUES = PROFESSIONAL MUSICIANS, LOCAL 47
TRAVEL DUES = PROFESSIONAL MUSICIANS, LOCAL 47 | 4. FOR H&W INFORMATION CONTACT -
PROFESSIONAL MUSICIANS, LOCAL 47
AND EMPLOYERS' HEALTH & WELFARE FUND
1000 N. CENTRAL AVE. #400
GLENDALE, CA 91202
TELEPHONE: 818-243-0222 |
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PRINT MEMBERS NAMES (Including Substitutes)			SOCIAL SECURITY	LOCAL NO.	TOTAL SCALE	TOTAL AFM/EPF	TOTAL H&W FUND
Last	First	Int.					
LEADER							
CONT'R or SIDEMUSICIAN							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

This line for sub-total if continued on the reverse side SUB-TOTAL

ENGAGEMENT CLOSED _____ (Closing Date) TOTALS

WORK DUES (_____ % of total scale)

X _____ (Signature of Leader of Contractor) PHONE NO. _____ DATE _____

FOR OFFICE USE ONLY

RECEIPT NUMBER _____	DATE RECEIVED _____	BY _____
DATE POSTED _____	BY _____	