ACTRA

PERFORMERS DUBBING
TIME SHEET

Producer : _____ **Live Action :** ☐ **Series (Episode #) :** _____ **Production Title :** _____

Production House : _____ **Animation :** ☐ **Feature :** ☐ **Date of Recording :** _____

Performer's Name	ACTRA Membership # or Work Permit #	Social Insurance #	Booked From / To	Worked		Total Hours	Role (s)	Line Count	Performer's Signature	Gross Fee
				Morning (From/To)	Afternoon (From/To)					