

EXHIBIT G

AFTRA PERFORMER EXPENSE REPORT

AGENCY NAME	
AGENCY ADDRESS	(INCLUDE CITY, STATE, ZIP CODE)
CLIENT	PRODUCER
COMMERCIAL TITLE / I.D. NO.	SESSION DATE(S)
ONLY EXPENSES AUTHORIZED BY PRODUCER WILL BE REIMBURSED	

NAME OF PERFORMER (PLEASE PRINT)						SOCIAL SECURITY NUMBER		
EXPENSES	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
<i>MM/DD/YY</i>	<i>/ /</i>	<i>/ /</i>	<i>/ /</i>	<i>/ /</i>	<i>/ /</i>	<i>/ /</i>	<i>/ /</i>	
LODGING ^A								\$
MEALS ^B BREAKFAST								\$
LUNCH								\$
DINNER								\$
TELEPHONE								\$
TAXIS TO & FROM AIRPORT <i>(Include tips and tolls)</i>								\$
OTHER ^C								\$
PERSONAL CAR ^C MILEAGE <i>(44.5¢ @ Mile)</i>								\$
TOLLS <i>(Attach Receipts)</i>								\$
PARKING <i>(Attach Receipts)</i>								\$
MISCELLANEOUS ^C								\$
MISCELLANEOUS ^C								\$
MISCELLANEOUS ^C								\$
IF RECEIPTS ARE IN FOREIGN CURRENCY, GIVE DOLLAR AND EXCHANGE RATE HERE:						TOTAL EXPENSE		\$
REMARKS <i>(Use Reverse Side of This Form If More Space Is Required)</i>						LESS ADVANCE		\$
						BALANCE REFUNDED		\$
						BALANCE DUE		\$

^A Include no other charges. Attach paid lodging bill.
^B Not entertainment. Include tips, snacks, drinks, etc.
^C Explain in "REMARKS." Attach receipts.

PERFORMER'S SIGNATURE	DATE	PRODUCER'S APPROVAL	DATE
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