

Email AR@iatsetrainingtrust.org with any questions.

EMPLOYER DETAILS	
SIGNATORY	PRODUCTION
EMPLOYER	TITLE
EMPLOYER	CONTACT
CONTACT	TITLE
CONTACT	CONTACT
EMAIL	PHONE

REPORTING PERIOD				
WEEK ENDING	CHECK #			
WEEK ENDING	CHECK #			
WEEK ENDING	CHECK #			
WEEK ENDING	CHECK #			
WEEK ENDING	CHECK #			

CONT	RIBUTIONS	
0		# OF PERFORMANCE WEEKS AT THE BROADWAY PINK CONTRACTUAL RATE OF \$65 PER PERFORMANCE WEEK
		SUBTOTAL AMOUNT OF CONTRIBUTIONS DUE

	# OF PERFORMANCE WEEKS AT THE LOCAL 798 CONTRIBUTION RATE OF \$15 PER PERFORMANCE WEEK
	SUBTOTAL AMOUNT OF CONTRIBUTIONS DUE

	TOTAL AMOUNT OF CONTRIBUTIONS DUE
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CONTRIBUTIONS AND REMITTANCE REPORTS NOT RECEIVED BY THEIR DUE DATE ARE SUBJECT TO INTEREST/LATE FEES/LIQUIDATED DAMAGES

Please remit a check payable to the **IATSE Training Trust Fund** to: PO Box 51317 Los Angeles, CA 90051-5617