

I.A. 470 Work Sheet

Show _____
 Location _____

Date _____ Steward _____
 Employer _____

#	Name of Worker (No Nick Names)	A	B	C	D	E	F	G	H	I	J	K	L	M	N
		Regular Rate	Hours IN	Hours OUT	Hours Worked	TOTAL HOURS	TOTAL DOLLARS	Show Rate	Number Shows	SHOW DOLLARS	OT Rate	OT Hours	OVERTIME DOLLARS	Premium (if any)	GROSS WAGES
		B+C+D				A x E	G x H				J x K	F + I + L + M		P x .05	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															

Straight Time TOTAL	Show TOTAL	Overtime Prem TOTAL TOTAL	GROSS BILL TOTAL TOTAL	5% Dues TOTAL
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		Processing Fee	<input style="width: 100%;" type="text"/>	
		Benefits	<input style="width: 100%;" type="text"/>	
		TOTAL INVOICE	<input style="width: 100%;" type="text"/>	