



GREENSLATE

150 West 30th Street, Suite 405
New York, NY 10001
212.206.1724 Tel
212.206.1070 Fax

CELL PHONE ALLOWANCE



Name: _____ Social Security #: _____ - _____ - _____

Address: _____ Federal ID #: _____ - _____ - _____ (for Loan-Outs only)

Position: _____

Please note that allowance payments for cellular phone use MUST be in accordance with IRS guidelines.

This form herewith attests that the employer listed above has a substantial non-compensatory business reason for requiring the individual named above to maintain a personal cell phone to facilitate communication essential to the work done for production company.

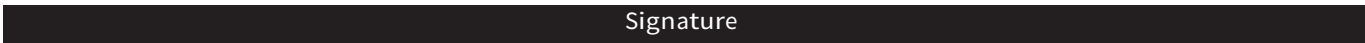


Allowance Agreement

Cell Phone #: _____

Amount: \$ _____

Beginning Date: _____ Per Week One Time Pmt



Signature

Print Name (Employee) _____

Employee Signature: _____ Date: _____

Authorized Signature (Producer): _____ Date: _____