



TEXAS MOVING IMAGE INDUSTRY INCENTIVE PROGRAM PRODUCTION VERIFICATION WORKSHEET

Project Name: _____

Company Name: _____

Project ID #: _____

TEXAS EXPENDITURE VERIFICATION

Eligible Payroll Expenditures: \$ _____

Eligible AP Expenditures: \$ _____

Eligible PC/DC/CC Expenditures: \$ _____

Total Eligible Expenditures: \$ _____

TEXAS RESIDENCY VERIFICATION

Total Crew: _____ Total Cast: _____

Texas Crew: _____ Texas Cast: _____

Texas Crew Pct: _____% **Texas Cast Pct:** _____%

TEXAS PRODUCTION DAYS VERIFICATION

Total Production (Shoot) Days: _____

Texas Production (Shoot) Days: _____

Texas Production Shoot Days Pct: _____%

I declare, under penalty of perjury, that I have examined this document and the verifying documentation submitted. To the best of my knowledge and belief, all information provided is true, correct and complete.

Signature of Applicant Representative

Printed Name

Date

Person in possession of original documentation and to be contacted if there are questions regarding submission:

Printed Name and Title

Phone Number

E-Mail Address