



TEXAS MOVING IMAGE INDUSTRY INCENTIVE PROGRAM

Production Verification Worksheet

Project Name: _____
Company Name: _____
TFC #: _____

TEXAS EXPENDITURE VERIFICATION

Submitted Payroll Expenditures: _____
Submitted AP/Vendor Expenditures: _____
Submitted PC/CC Expenditures: _____
Total Submitted Expenditures: _____

TEXAS RESIDENCY VERIFICATION

Total Crew: _____
Texas Resident Crew: _____
Texas Resident Crew Percentage: _____

Total Cast: _____
Texas Resident Cast: _____
Texas Resident Cast Percentage: _____

Combined Texas Resident Crew/Cast Percentage: _____

TEXAS PRODUCTION DAYS VERIFICATION

Total Production (or Principal Photography) Days: _____
Texas Production (or Principal Photography) Days: _____
Texas Production (or Principal Photography) Days Percentage: _____

Start of Production (or Principal Photography) Date: _____

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