

Yellow – Day Ext.
 Green – Night Ext.
 White – Day Int.
 Blue – Night – Int.

Date: _____

**SCRIPT
 BREAKDOWN SHEET**

 Script Page #'s

 Production Company

 Production Title/No.

 INT/ EXT.

 Scene No.

 Scene Name

 Day or Night

Description: _____

 Page Count

CAST	STUNTS	EXTRAS/ATMOSPHERE
	EXTRAS/SILENT BITS	
SPECIAL EFFECTS	PROPS	VEHICLES/ANIMALS
WARDROBE	MAKE-UP/HAIR	SOUND EFFECTS/MUSIC
SPECIAL EQUIPMENT	PRODUCTION NOTES	