# KAIT-TV INVOICE

#### Bill To:

Marathon Ventures (comm) 675 3rd Avenue, 11th Floor New York, NY 10017

## Please Remit To:

KAIT

PO Box 14200

Tallahassee, FL 32314-4200

Due Date: 10/29/19

Invoice#	Broadcast Month	Invoice Date	Flight 08/26/19-09/29/19		
1265646-3	201909	09/29/19			
Account Executive	Advertiser	Product	Order Type		
House, Jonesboro	Health Market (M)	Medicare Supplement	CASH		
Representative	Rep Order#	Total Spots:	6		
	D-171742	Actual Gross Billing:	\$36.00		
Client Code:		State Tax:	\$0.00		
Product Code:		Local Tax:	\$0.00		
Estimate Code:	Bluewater	Agency Commission:	\$9.99		
		Net Due:	\$26.01		

#### Comments:

We warrant that the actual broadcast information shown on this invoice was taken from the program log. Gray does not discriminate in its advertising contracts, and it will not accept advertising intended to discriminate on the basis of race or ethnicity. Advertiser hereto affirms that nothing in this Agreement is intended to discriminate on the basis of race or ethnicity. This Agreement is subject to the Standard Terms and Conditions available at www.gray.tv/advertising.

## **Billing Instructions:**

Descrip	tion: Sig	gn-On/Sign-C	Off, 11:30 P	Line 3 PM-1:35 XM	Start	End	<b>Days</b> MTWTFSS	Spots/Week 8	<b>Rate</b> \$8.00		
#	Day	Date	Time	Length	Rate	Сору		Program Descriptio	n	Class	Remarks
3	Th	09/12/19	01:28 A	120	\$8.00	BOS26192100H		Sign-On/Sign-Off	_	NM	
3	Sa	09/14/19	01:10 A	120	\$8.00	BOS26192100H		Sign-On/Sign-Off		NM	
3	Sa	09/14/19	01:30 A	120	\$8.00	BOS26192100H		Sign-On/Sign-Off		NM	

De	escrip	tion: Sig	gn-On/Sign-C	Off, 1:35 XN	Line 7 vi-4:00 XM	Start	<u>End</u>	<u>Days</u> MTWTFSS	Spots/Week 8	<b>Rate</b> \$4.00			
1	#	Day	Date	Time	Length	Rate	Сору		Program Description	on	Class	Remarks	
-	7	Sa	09/07/19	01:54 A	120	\$4.00	BOS26192100H		Sign-On/Sign-Off	_	NM		
	7	Su	09/08/19	02:28 A	120	\$4.00	BOS26192100H		Sign-On/Sign-Off		NM		

Descri	ption: Si	gn-On/Sign-(	Off, 1:35 XN	<u>Lin</u> 8 M-4:00 XM	ie Sta	rt <u>End</u>	<u>Days</u> MTWTFSS	Spots/Week 8	<b>Rate</b> \$4.00		
<del>#</del> 8	Day Sa	<b>Date</b> 09/14/19	Time 02:18 A	Length 120	<b>Rate</b> \$4.00	<u>Copy</u> BOS26192100H		Program Descrip		$\frac{\text{Class}}{\text{NM}}$	Remarks

### **Additional Comments:**

l otal Spots:	6
Actual Gross Billing:	\$36.00
State Tax:	\$0.00
Local Tax:	\$0.00
Agency Commission:	\$9.99
Net Due:	\$26.01