

# Vendor Payment Request Form

1- Company Name Vizeum, LLC

2- Vendor Name Nielsen Media Research

3- Invoice Number(s) 9340199950

4- Invoice Date(s) 3/1/2020

5- Total Invoice Amount \$22,282.76

6- Client and SOW/Job Code 360i RESEARCH - 20 - GEN

7- Billable No

8- Job/SOW was or will be billed on N/A

9- Select cost category (if applicable) Hardcost Pass-Through Freelance Other

10- Expense Description: If this invoice is for future services (i.e. A Yearly Magazine Subscription) or for a future event (i.e. Marketing Tradeshow), please provide the date range or date of event \_\_\_\_\_

11- Other Information Nielsen NTI Monthly Invoice for March 2020 - Vizeum

Note: For payment request outside of normal payment terms, please provide requested payment date \_\_\_\_\_

Provide Approval Signatures:	
<u>Reuben Karchem</u>	Reuben Karchem
Preparer/Submitter Signature	Name
<u>Melanie Santiago</u>	Melanie Santiago
Approval Signature	Name
Executive/Finance Approval (if needed)	Name



# INVOICE

NIELSEN MEDIA RESEARCH  
85 BROAD STREET  
NEW YORK, NY 10004  
USA  
Federal Tax ID#: 06-1454128

Invoice	9340199950
Date	03/01/2020
Account	10387869
Terms	Net 30 days

**Bill To:**  
SABRINA TRASKOS  
360i  
32 Avenue of the Americas Floor 6  
New York, NY 10013  
USA

**Ship To:**  
VIZEUM  
150 EAST 42ND STREET  
NEW YORK, NY 10017  
USA

Description	Percentage	Amount	Total USD
<b>Nielsen Television Index</b> Contract No.: 290297 Charge for MAR 2020			
<b>NTI Gross Monthly Billing Charge</b> (Weighted Bracket Billing \$10709914.53 xBilling % 0.001347 or min. of \$2925.27.)		14,426.25	
Minimum Continuing Commitment Discount (7 Year Election)	-13.00 %	-1,875.41	
Sub Total		12,550.84	
Group Discount	-5.00 %	-627.54	
Sub Total		11,923.30	
NPM Sample Expansion Household Surcharge 1. SURCHARGE PERCENT CALCULATION: 4670 effective household in NPM sample X 0.00275% = 12.8425% 2. BASE AMOUNT USED IN CALCULATION: 11923.30 3. CALCULATION OF NPM SURCHARGE AMT: 12.8425% X 11923.30		1,531.25	
Sub Total		13,454.55	
Continued.....			

Your Nielsen representative is Michael A Giangrosso Tel: 646-654-95



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Description	Percentage	Amount	Total USD
National Sample Expansion (11 - 25) (1898 effective households in NPM sample x 0.00240% = 4.555%)	4.56 %	612.85	
Net Amount			14,067.40
Charge for MAR 2020 <b>All Minute Respondent Level EDF</b>		6,378.97	
Net Amount			6,378.97
Charge for MAR 2020 <b>MRC Cooperation Charge</b>		20.00	
Net Amount			20.00
<b>State</b> NY	<b>Taxable</b> 20,466.37		1,816.39
Continued.....			

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Description	Percentage	Amount	Total USD
		Sub Total USD	20,466.37
		-----	-----
		Total Tax USD	1,816.39
		-----	-----
		Total Amount Due USD	22,282.76

**Remit Payment To:**

Nielsen Media Research  
PO Box 88961, Chicago, IL 60695-8961

**Wire Transfers:**

Bank Name : JPMORGAN CHASE BANK, N.A.  
Address : ONE CHASE MANHATTAN PLAZA 7 th FLR, NEW YORK, NY 10004  
Account No : 400206986  
Routing No : 021000021  
Swift : CHASUS33

For any questions about this document, call Accounts Receivable:

Jonathan Gingrich  
Email: Jonathan.Gingrich.ap@nielsen.com Tel: (513) 394-4313

Your Nielsen representative is Michael A Giangrasso Tel: 646-654-95



32 Avenue of the Americas  
New York NY 10013  
Tel : 212-703-7200

## PURCHASE ORDER

PO NUMBER : PO054095  
P.O. DATE : 03/04/2020  
REVISION DATE - NO  
DUE DATE : 12/31/2020  
PAGE : 1 of 3  
TOTAL PRICE : \$300,000.00

VENDOR: V02180/US44

Nielsen Media Research  
Po Box 88961  
Chicago, IL 606958961

Ship To:

THIS PURCHASE ORDER IS SUBJECT TO THE TERMS AND CONDITIONS ATTACHED HERETO

LINE	DESCRIPTION	JOB NUMBER / DESCRIPTION	QUANTITY	RATE	COST
1	Media Measurement	360I RESEARCH-20-GEN 2020 Research-General	12.00	25,000.00	300,000.00
Vizeum-Nielsen NTI Monthly Invoice					
TOTAL					\$300,000.00

A COPY OF THIS P.O. MUST BE RETURNED WITH YOUR INVOICE

INVOICE NOT TO EXCEED PO AMOUNT

This purchase order is subject to all terms and conditions stated on attached form and outlined above. Acceptance is limited to the Terms stated herein, and any additional or different term proposed by Vendor is objected to and hereby rejected.

By: \_\_\_\_\_  
Authorized Signature

By: \_\_\_\_\_  
Print Name, Title & Date

Approved by: Gail Sanders

Ordered by: Gail Sanders