

Vendor Payment Request Form

1- Company Name Vizeum, LLC

2- Vendor Name Nielsen Media Research

3- Invoice Number(s) 9340186330

4- Invoice Date(s) 8/12/2019

5- Total Invoice Amount \$24,966.41

6- Client and SOW/Job Code 360i RESEARCH - 19 - 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 August 2019 - 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
Preparer/Submitter Signature	Name
Executive/Finance Approval (If needed)	Name



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

INVOICE

Invoice	9340186330
Date	08/12/2019
Account	10601677
Terms	Net 30 days

Bill To:
SABRINA TRASKOS
Aegis Media Americas, Inc
32 6th Ave,
New York, NY 10013
USA

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

Description	Percentage	Amount	Total USD
Nielsen Television Index			
Contract No.: 290297			
Charge for AUG 2019			
NTI Gross Monthly Billing Charge		12,601.67	
(Weighted Bracket Billing \$9821269.26 xBilling % 0.001283 or min. of \$2785.97.)			
Minimum Continuing Commitment Discount (7 Year Election)	-13.00 %	-1,638.22	
Sub Total		10,963.45	
Group Discount	-5.00 %	-548.17	
Sub Total		10,415.28	
NPM Sample Expansion Household Surcharge		1,337.58	
1. SURCHARGE PERCENT CALCULATION: 4670 effective household in NPM sample X 0.00275% = 12.8425%			
2. BASE AMOUNT USED IN CALCULATION: 10415.28			
3. CALCULATION OF NPM SURCHARGE AMT: 12.8425% X 10415.28			
Continued.....			

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



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Description	Percentage	Amount	Total USD
Sub Total		11,752.86	
National Sample Expansion (11 - 25) (1937 effective households in NPM sample x 0.00240% = 4.649%)	4.65 %	546.39	
Net Amount			12,299.25
Charge for AUG 2019 All Minute Respondent Level EDF		5,657.00	
Net Amount			5,657.00
Charge for AUG 2019 MRC Cooperation Charge		20.00	
Net Amount			20.00
Nielsen Television Index			
Contract No.: 290301 Charge for AUG 2019 NPower Contract Subscription		4,955.00	
Net Amount			4,955.00
State Taxable			
Continued.....			

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USA

Description	Percentage	Amount	Total USD
NY	22,931.25		2,035.16
Sub Total USD			22,931.25
Total Tax USD			2,035.16
Total Amount Due USD			24,966.41

Remit Payment To:

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

Wire Transfers:

Bank Name : JPMorgan Chase Bank NA
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 : PO052063
P.O. DATE : 11/15/2019
REVISION DATE - NO
DUE DATE : 12/31/2019
PAGE : 1 of 3
TOTAL PRICE : \$461,000.00

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-19-GEN Research-General	1.00	461,000.00	461,000.00
TOTAL					\$461,000.00

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