

Word Media Group Order Form

Client:	Mike Harmon for Govenor	ACCT REP Email:	
Agency:		Acct Rep	Troy W. Miles
Contact Person:	Mike Harmon	Product Type: (car lot, food, lawyer, ect.)	Event
Phone:		Billing Period:	Broadcast
Email:	mikeharmon@yahoo.com		
Bill to Name:			
Billing Address:	PO Box		
City:	Louisville		
State:	KY		
Zip:	40440		

Line Code	Station	Product Type	Dates		Times		*Alt Weeks (0,1,2)	Length	Book End	Package Rate	Package Type	Package Spot Total	RATE	Select days for spots / long form / package rate (use numbers for)							# of SPW	Total Weeks	Line Gross		
														M	T	W	T	F	S	SUN					
	WJIE	Commercial Break(Spot)	05/08/23	05/08/23	6a	7p		:30					\$20.00	2										1	-
	WJIE	Commercial Break(Spot)	05/09/23	05/09/23	6a	7p		:30					\$20.00		3									1	-
	WJIE	Commercial Break(Spot)	05/10/23	05/10/23	6a	7p		:30					\$20.00			3								1	-
	WJIE	Commercial Break(Spot)	05/11/23	05/11/23	6a	7p		:30					\$20.00				4							1	-
	WJIE	Commercial Break(Spot)	05/12/23	05/12/23	6a	7p		:30					\$20.00				4							1	-
	WJIE	Commercial Break(Spot)	05/13/23	05/13/23	6a	7p		:30					\$20.00					2						1	-
	WJIE	Commercial Break(Spot)	05/14/23	05/14/23	6a	7p		:30					\$20.00						2					1	-
	WJIE	Commercial Break(Spot)	05/15/23	05/15/23	6a	7p		:30					\$20.00	5										1	-
																									-
																									-

Line Codes: A=ADD; B=BONUS; CL=CANCEL LINE; CE=CHANGE END DATE; CS=CHANGE START DATE; CTP=CHANGE TIME PERIOD; R=RATE CHANGE

TV / Radio Copy Instructions				
Spot Name:	% Of Run:	Start Date	End Date	Length:

Notes

Package Total	\$500.00
Gross Total	
Agency %	0.00
Agency Comm	\$0.00
Net Total	\$500.00