

Florida Keys Media, LLC

Internal Comments:
Benefit for Domestic Abuse Shelter.

Invoice Suppress Spot Rate New Business Invoice Weekly Electronic Invoice
 CO-OP Electronic Invoice

Special Handling Request: Hard Deliver
 No. of Invoice Copies: **1**

Co-op Partner: _____
 Co-op Type: _____ drop

AE: **Rick Lopez** Comm: **15.00%**

Sales Competition (Internal only): _____

ORDER #: _____ Industry Code: _____
 Customer Name: **Local Promo** Events
 Cust. Contact (if new): _____
 Note to see on invoice: **Domestic Abuse Shelter - Benefit PSA**

Agency: _____ Comm: _____
 Billing Address: _____
 (if new)
 Phone #: _____ Fax #: _____

Revenue Type: Broadcast Calendar
 Local Direct drop
 Payment Procedure: Existing Credit drop

Sales Campaign (Internal only): _____

Start Date: **10/16/2021** Order Date: _____
 End Date: **10/31/2021** Order Time: _____
 EDI Contract # _____ EDI Partner _____

Line #	*Rev	Station (drop)	Start Date	End Date	# Wks	Priority	Daypart/ OrderTime	Break Type (drop)	M	T	W	TH	F	SA	SU	Flex Schd	Spots/ Wk	Spots/D ⁿ y	Lgth	RATE	Total Spots	Line Cost
1		WAIL	10/16/2021	10/17/2021	1		6a-Mid							2	2		4		30		4	
2		WAIL	10/18/2021	10/31/2021	2		6a-Mid		2	2	2	2	2	2	2		14		30		28	
3		WWWUS	10/16/2021	10/17/2021	1		6a-Mid							2	2		4		30		4	
4		WWWUS	10/18/2021	10/31/2021	2		6a-Mid		2	2	2	2	2	2	2		14		30		28	
5		WEOUW	10/16/2021	10/17/2021	1		6a-Mid							2	2		4		30		4	
6		WEOUW	10/18/2021	10/31/2021	2		6a-Mid		2	2	2	2	2	2	2		14		30		28	
7		WFKZ	10/16/2021	10/17/2021	1		6a-Mid							2	2		4		30		4	
8		WFKZ	10/18/2021	10/31/2021	2		6a-Mid		2	2	2	2	2	2	2		14		30		28	
9		WCTH	10/16/2021	10/17/2021	1		6a-Mid							2	2		4		30		4	
10		WCTH	10/18/2021	10/31/2021	2		6a-Mid		2	2	2	2	2	2	2		14		30		28	
11		WCNK	10/16/2021	10/17/2021	1		6a-Mid							2	2		4		30		4	
12		WCNK	10/18/2021	10/31/2021	2		6a-Mid		2	2	2	2	2	2	2		14		30		28	
13		WAVK	10/16/2021	10/17/2021	1		6a-Mid							2	2		4		30		4	
14		WAVK	10/18/2021	10/31/2021	2		6a-Mid		2	2	2	2	2	2	2		14		30		28	
15																						
16																						
17																						
18																						
19																						
20																						

*Revision Code A=Add D=Delete CD=Chg Date CS=Chg # Spots CT=Chg Times CR=Chg Rate CL=Chg Length
 Total # Spots (pg. 1) **224**

Contract Total (pg. 1) \$ _____
 Agency Discount \$ _____
 Net Amount \$ _____

Client Signature: _____ Traffic: _____
 Sales Manager: _____ Business: _____
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**Please remember, not to use wrap weeks
 ***Restriction for Daypart/Order Time - Clocks go from 00:00 to 23:59:59