

# INVOICE



**Alpha Media**  
**208 N. Thomas**  
**Shreveport, LA 71107**  
**Main: (318) 222-3122**  
**Billing: (318) 841-0799**

Property	KOKA-AM		
Invoice #	441411-2		441411
Invoice Date	11/10/19	Alt Order #	
Invoice Month	November 2019	Deal #	
Invoice Period	10/28/19 - 11/05/19	Flight Dates	10/22/19 - 11/05/19
Advertiser	POL19/John Bel Edwards		
Product	Oct 22 - Nov 5		
Estimate #			
Account Executive	Melvin Jones		
Sales Office	Local-Shreveport		
Sales Region	Local		
Agency Code			
Advertiser Code			
Billing Calendar	Broadcast		
Billing Type	Cash		
Special Handling			
Agency Ref			
Advertiser Ref			
Product 1			
Product 2			

Billing Address:

**Bright Moments Inc**  
**Attention: Accounts Payable**  
**2249 Oretha Castle Haley Blvd.**  
**New Orleans, LA 70113**

Send Payment To:

**Alpha Media**  
**PO Box 7610**  
**Shreveport, LA 71137**

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type																																																																																																																																																																																																																								
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19	KOKA	M	11/04/19	12:47 PM	Mo-Fr 10a-3p	10a-3p	1:00	JBE-Medicaid is The Issue	\$14.12	NM																																																																																																																																			
20	KOKA	Tu	11/05/19	11:35 AM	Mo-Fr 10a-3p	10a-3p	1:00	JBE-Medicaid is The Issue	\$14.12	NM																																																																																																																																			
22	KOKA	Tu	11/05/19	1:40 PM	Mo-Fr 10a-3p	10a-3p	1:00	JBE-Medicaid is The Issue	\$14.12	NM																																																																																																																																			
3	10/22/19	11/05/19	Sa-Su 10a-3p	10a-3p	-----S-	1:00	3	\$14.12	NM																																																																																																																																				
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**Total Spots 36**

## Payment Terms 30 Days

<u>Gross Total</u>	<b>\$442.32</b>
<u>Agency Commission</u>	<b>\$66.35</b>
<u>Net Amount Due</u>	<b>\$375.97</b>
<u>Invoice Balance as of 11/15/19 10:03:27 AM CT</u>	<b>\$0.00</b>