

DUPLICATE INVOICE



KOB
4 Broadcast Plaza SW
Albuquerque, NM 87104
Main: (505)243-4411
Billing: (505)764-2510

www.kobtv.com

Billing Address:

Michelsohn Creative
Attention: Accounts Payable
8016 Constitution PI NE
Albuquerque, NM 87110

Send Payment To:

KOB
PO Box 840422
Dallas, TX 75284-0422

Invoice #	Invoice Date	Invoice Month	Invoice Period
316651-1	10/08/17	October 2017	09/25/17 - 10/02/17

Property	Account Executive	Sales Office	Sales Region
KOB	Paul Bustamante	KOB	Local

Advertiser	Product	Estimate Number
Healthy Workforce ABQ	9/26-10/2 order	

Flight Dates	Order #	Alt Order #
09/26/17 - 10/02/17	316651	

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling

Agency Code	Advertiser Code	Product 1/2

Agency Ref	Advertiser Ref

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type
1	09/26/17	10/02/17	News 4 Today II 6a-7a	M-F 6a-7a	MTWTF--	:30	5	\$300.00	NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 09/26/17 10/02/17 MTWTF-- 5 \$300.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type 1 All Tu 09/26/17 6:27 AM News 4 Today II 6a-7a M-F 6a-7a :30 HLWF1701-HEALTHYWORK-30H \$300.00 NM 2 All W 09/27/17 6:22 AM News 4 Today II 6a-7a M-F 6a-7a :30 HLWF1702-HEALTHYWORK REV \$300.00 NM 4 All Th 09/28/17 6:20 AM News 4 Today II 6a-7a M-F 6a-7a :30 HLWF1702-HEALTHYWORK REV \$300.00 NM 5 All F 09/29/17 6:58 AM News 4 Today II 6a-7a M-F 6a-7a :30 HLWF1702-HEALTHYWORK REV \$300.00 NM 3 All M 10/02/17 News 4 Today II 6a-7a M-F 6a-7a :00 \$300.00 NM Credited Spot did not air on 10/2 due to breaking news									
2	09/26/17	10/02/17	News 4 @ Midday M-F	M-F 12noon-1p	MTWTF--	:30	5	\$150.00	NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 09/26/17 10/02/17 MTWTF-- 5 \$150.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type 2 All Tu 09/26/17 News 4 @ Midday M-F M-F 12noon-1p :00 \$150.00 NM Credited 5 All W 09/27/17 12:53 PM News 4 @ Midday M-F M-F 12noon-1p :30 HLWF1702-HEALTHYWORK REV \$150.00 NM 3 All Th 09/28/17 12:55 PM News 4 @ Midday M-F M-F 12noon-1p :30 HLWF1702-HEALTHYWORK REV \$150.00 NM 4 All F 09/29/17 12:23 PM News 4 @ Midday M-F M-F 12noon-1p :30 HLWF1702-HEALTHYWORK REV \$150.00 NM 1 All M 10/02/17 12:25 PM News 4 @ Midday M-F M-F 12noon-1p :30 HLWF1702-HEALTHYWORK REV \$150.00 NM									
3	09/26/17	10/02/17	Judge Judy 330p/4p/430pM-F 330p-5p		MTWTF--	:30	10	\$175.00	NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 09/26/17 10/02/17 MTWTF-- 10 \$175.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type 3 All Tu 09/26/17 4:00 PM Judge Judy 330p/4p/430p M-F 330p-5p :30 HLWF1701-HEALTHYWORK-30H \$175.00 NM 6 All Tu 09/26/17 4:48 PM Judge Judy 330p/4p/430p M-F 330p-5p :30 HLWF1701-HEALTHYWORK-30H \$175.00 NM 5 All W 09/27/17 4:24 PM Judge Judy 330p/4p/430p M-F 330p-5p :30 HLWF1702-HEALTHYWORK REV \$175.00 NM 8 All W 09/27/17 4:42 PM Judge Judy 330p/4p/430p M-F 330p-5p :30 HLWF1702-HEALTHYWORK REV \$175.00 NM 10 All Th 09/28/17 3:42 PM Judge Judy 330p/4p/430p M-F 330p-5p :30 HLWF1702-HEALTHYWORK REV \$175.00 NM 4 All Th 09/28/17 4:56 PM Judge Judy 330p/4p/430p M-F 330p-5p :30 HLWF1702-HEALTHYWORK REV \$175.00 NM 9 All F 09/29/17 3:49 PM Judge Judy 330p/4p/430p M-F 330p-5p :30 HLWF1702-HEALTHYWORK REV \$175.00 NM 2 All F 09/29/17 4:19 PM Judge Judy 330p/4p/430p M-F 330p-5p :30 HLWF1702-HEALTHYWORK REV \$175.00 NM									

We warrant that the actual broadcast information shown on this invoice was taken from the program log.
 Need a copy of our W-9 Taxpayer ID and Certification Form? Download it from: <http://w9.hbi.com>

DUPLICATE INVOICE



Send Payment To:

KOB
PO Box 840422
Dallas, TX 75284-0422

Invoice # 316651-1	Invoice Date 10/08/17	Invoice Month October 2017	Invoice Period 09/25/17 - 10/02/17
Advertiser Healthy Workforce ABQ	Product 9/26-10/2 order	Estimate Number	

www.kobtv.com

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DUPLICATE INVOICE



Send Payment To:

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Dallas, TX 75284-0422

www.kobtv.com

<u>Invoice #</u> 316651-1	<u>Invoice Date</u> 10/08/17	<u>Invoice Month</u> October 2017	<u>Invoice Period</u> 09/25/17 - 10/02/17
<u>Advertiser</u> Healthy Workforce ABQ		<u>Product</u> 9/26-10/2 order	<u>Estimate Number</u>

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type																																																																																								
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1	All	Sa	09/30/17	6:09 PM	News 4 @ 6p Sat	Sa 6p-630p	:30	HLWF1702-HEALTHYWORK	\$310.00	NM																																																																																							
13	09/26/17	10/02/17	News 4 @ Midday M-F	M-F 12noon-1p	----F--	:30	1	\$150.00	NM																																																																																								
<table border="0"> <tr> <td><u>Weeks:</u></td> <td><u>Start Date</u></td> <td><u>End Date</u></td> <td><u>MTWTFSS</u></td> <td><u>Spots/Week</u></td> <td><u>Rate</u></td> <td colspan="5"></td> </tr> <tr> <td></td> <td>09/26/17</td> <td>10/02/17</td> <td>----F--</td> <td>1</td> <td>\$150.00</td> <td colspan="5"></td> </tr> <tr> <td><u>Spots: #</u></td> <td><u>Ch</u></td> <td><u>Day</u></td> <td><u>Air Date</u></td> <td><u>Air Time</u></td> <td><u>Description</u></td> <td><u>Start/End Time</u></td> <td><u>Length</u></td> <td><u>Ad-ID</u></td> <td><u>Rate</u></td> <td><u>Type</u></td> </tr> <tr> <td>1</td> <td>All</td> <td>F</td> <td>09/29/17</td> <td>12:53 PM</td> <td>News 4 @ Midday M-F</td> <td>M-F 12noon-1p</td> <td>:30</td> <td>HLWF1702-HEALTHYWORK</td> <td>\$150.00</td> <td>NM</td> </tr> </table>										<u>Weeks:</u>	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>							09/26/17	10/02/17	----F--	1	\$150.00						<u>Spots: #</u>	<u>Ch</u>	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>	1	All	F	09/29/17	12:53 PM	News 4 @ Midday M-F	M-F 12noon-1p	:30	HLWF1702-HEALTHYWORK	\$150.00	NM																																												
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Total Spots **50**

Payment Terms 30 Days

<u>Gross Total</u>	\$14,560.00
<u>Agency Commission</u>	\$2,184.00
<u>Net Amount Due</u>	\$12,376.00