



BROADCAST ORDER

Date 5/1/2023

Contact Tina Johnson

E-Mail Tinaj@health.ok.gov
 Billing MarthaL@health.ok.gov

New Order Revision Insertion

Start Date 5/31/2023

End Date 4/24/2024

Rev Type: Cash Trade

Advertiser Muskogee Health Departments

Product Name Co-Sponsor

Competing Products _____

Client Muskogee County Health department

Address same

City _____ State _____ Zip _____

Phone# _____
 Fax # _____

Account Executive Travis Reeves

Revenue Source:

Local Direct Local Agency Text
 Political Direct Political Agency Website
 Program Regional Agency Trade
 Nat'l Direct Nat'l Agency

Billing:

Broadcast Email Invoice Co-op
 Calendar Mail Invoice Make Good

SPECIAL INSTRUCTIONS

Client may cancel without penalty with notice after 6 months. Client will be included on daily and weekly Promos to promote the show and will receive opening and closing mentions as a sponsor.

The parties to this advertising agreement affirm that nothing in this agreement, or any of the actions, benefits, and obligations relating

FLIGHT DATES		# of Wks	TIMES			Per Wk	DAYS TO RUN							Rate	TOTALS	
Start	End		Start	End	Len		M	T	W	Th	Fr	Sa	Su		Spots	\$
5/31	4/24	52	8:35	8:50 AM	15 M	1			1					\$200.00	12	\$2,400.00
						0								Month		\$0.00
						0									0	\$0.00
						0									0	\$0.00
						0									0	\$0.00
						0									0	\$0.00
						0									0	\$0.00
						0									0	\$0.00
						0									0	\$0.00
						0									0	\$0.00
						0									0	\$0.00

Total Number of Spots	12
Total Gross	\$2,400.00
Bill Monthly direct	\$2,400.00 NET

Account Manger _____

8th day of May 2023

Chairman _____
 Member _____
 Member _____
 Attest: _____
 County Clerk

General Manager Travis Reeves

