



BROADCAST ORDER

Date 3/5/2024

Client Muskogee Health Department

Contact Martha Laughlin

Address same

E-Mail MarthaL@health.ok.gov

City _____ State _____ Zip _____

New Order Revision Insertion

Phone# _____

Start Date 6/3/2024

Fax # _____

Account Executive Travis Reeves

End Date 5/28/2025

Revenue Source:

Rev Type: Cash Trade PROMO

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

Advertiser Muskogee Health Department

Billing:

Product Name Wellness Wednesday

Broadcast Email Invoice Co-op
 Calendar Mail Invoice Make Good

Competing Products _____

SPECIAL INSTRUCTIONS

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		Len	Per Wk	DAYS TO RUN							Rate	TOTALS	
Start	End		Start	End			M	T	W	Th	Fr	Sa	Su		Spots	\$
6/3	5/28	52	8:35A	8:50A	15M	1			1					\$200mo	12	\$2,400.00
															0	\$0.00
															0	\$0.00
															0	\$0.00
															0	\$0.00
															0	\$400.00
						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 NET
Bill Client Direct
\$2,400.00 NET

Account Manger _____

Client Authorized Signature _____

General Manager Travis Reeves

Chairman _____

Member _____

Member _____

Attest _____

