

## PAYMENT AGREEMENT

**Production Title:**

**Client Organization:**

**Client Representative:**

**KTOP Representative:** Ashley James, Station Manager

**Date:**

**Terms:** Net 30

Method of Payment:

Journal Voucher \_\_\_\_\_

Check \_\_\_\_\_

**Funds to be Transferred From:**

\_\_\_\_\_

Department Name

Division Name

Fund # \_\_\_\_\_ Org # \_\_\_\_\_ Account # \_\_\_\_\_

Project # \_\_\_\_\_ Program # \_\_\_\_\_

Payment Dates

Amounts

/ /2001

Authorizing Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date \_\_\_\_\_