

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 _____