



**OFFICE OF THE CHIEF PROCUREMENT OFFICER
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018
CHICAGO, ILLINOIS 60602-1375
(312) 603-5370

THIS PURCHASE ORDER NUMBER
MUST APPEAR ON ALL PACKAGES,
INVOICES, SHIPPING PAPERS AND
DROP SHIPMENTS.

PURCHASE ORDERED ISSUED TO
79300

Word Systems Inc
9225 Harrison Park Ct
Indianapolis IN 46216

DATE
12/18/2014
F.O.B. POINT

PURCHASE ORDER NO.
190674 - 000- OP
REQUISITION NO.
00115905 07

COOK COUNTY FEIN: 36-6006541
ILLINOIS SALES TAX EXEMPT: E-9998-2013-04
FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K

SHIP TO Medical Examiner
Robert J. Stein Institute
2121 W. Harrison RM 143
Chicago IL 60612-3706

DELIVERY INSTRUCTIONS
MEDICAL EXAMINER OFFICE
NADINE JAKUBOWSKI(312)997-4481

DEPT NO	
1425901410	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	AS PER CONTRACT # 1426-14266 RECORDED TELEPHONE LINES FOR COOK COUNTY MEDICAL EXAMINER OFFICE.	.00 LO	24,918.00000	24,918.00	1425901410.560441.8300
***** Total Order *****				24,918.00	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE CHIEF PROCUREMENT OFFICER

RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)
I hereby certify that I have received the goods/services reflected above and that the items referenced are in full conformity with the purchase order/contract.

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.
CHIEF PROCUREMENT OFFICER Date: *31 December 2014*

Authorized Signature: _____ Date: _____

OP