# 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.

**DATE**
11/22/2013

**F.O.B. POINT**

**PURCHASE ORDER NO.**
**186997 - 000- OP**

**REQUISITION NO.**
00111250 OR

**PURCHASE ORDERED ISSUED TO**

835952

Adlexx Corporation
150 Edwards Street
Bulpitt IL 62517

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

**SHIP TO** Assessor - Administration
Cook County Building
118 N. Clark Street - RM 314
Chicago IL 60602-1304

**DELIVERY INSTRUCTIONS**
Victoria LaCalamita (312) 603-7514

| DEPT NO | |
|---|---|
| 0401422 | Page 1 of 1 |

| LINE | FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE | QUANTITY/ UOM | UNIT PRICE | EXTENDED PRICE | ACCOUNT NUMBER |
|---|---|---|---|---|---|
| 1.00 | IMPORTANT TAX INFORMATION<br>ENVELOPE<br>QTY: 750 Envelopes with Indicia at $13.89/ea<br>QTY: 750 Envelopes with No Indicia at $13.89/ea<br>1.5 mil #10 Windows Per Sample<br>.<br>Per Vendor Quote #110<br>Contract No. 1422-13253 | .00 LO | .0000 | 20,835.00 | 1000.300358 |
| | ******* | Total Order ******* | | 20,835.00 | |

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.

**Authorized Signature:** _____ **Date:** _____

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:**
19 March 2014

22NCR

Report: R56REQ2

# Purchase Requisition

## Office of the Purchasing Agent

**Cook County of Illinois**

reprint

Purchase Order Number 186997

Requisition # OR 111250 Contract # 1422-13253

Open Date

Buyer Number 299999 TEAM LEAD MAILBOX
Bid/Sole Src Code NCR
Business Unit 0401422
Internal Req Number 3040.0035
Board Apr Date & Item
Requisition Date 11/8/2013
Date Needed 11/8/2013

Ship To: 8000188 Assessor - Administration
Cook County Building
118 N. Clark Street - RM 314
Chicago IL 60602-1304

Delivery Instructions:
Victoria LaCalamita
(312) 603-7514

Supplier: 299999 TEAM LEAD MAILBOX

One Time Purchase ____Yes ____No Covers Need for ____months. Specific Period of time _____ thru _____ Prior Contract No. _____ Expiration Date _____ Emergency No. _____

| Line # | Commodity | Description | Bal. on Hand | Quantity | UOM | Est. Unit Cost | Extended Cost | Business Unit and Object Account |
|---|---|---|---|---|---|---|---|---|
| 1.000 | 966 | IMPORTANT TAX INFORMATTION Envelopes with Indicia<br>#10-24# white woven standard left window envelopes with Indicia. The window is to be 1 1/4" x 4.5" and is to be placed on the bottom left hand side of the envelope. Location of window must meet postal regulation. Printing on the envelope is to be full face in black ink.<br>The word IMPORTANT TAX INFORMATION is to be printed above the window.<br>The return address on upper left and presorted indicia on upper right can be reviewed by requesting a scanned copy from Isalia Tull (312) 603-7583. Prior to printing envelopes, proposing vendor must provide sample of ready art work of envelope for approval.<br>Envelopes should be packaged 2500 to a case, 500 to a box, 5 boxes to a case.<br>Inside delivery to 3M Monday thru Friday 9:00am - 4:30pm.<br>Approval for dock access required 48 hours prior to delivery. | < > | 750.00 | M | 13.8900 | 10,417.50 | 0401422.520495 |
| 2.000 | 966 | IMPORTANT TAX INFORMATTION Envelopes NO Indicia<br>SAME SPECIFICATIONS AS ABOVE WITHOUT INDICIA<br>THE COUNTY WILL NOT ACCEPT OVER OR UNDER RUNS FOR PRINTING.<br>IT IS THE VENDOR'S RESPONSIBILITY TO PRINT AND SHIP AS PER SPECIFICATION | < > | 750.00 | M | 13.8900 | 10,417.50 | 0401422.520495 |

Total of Items Ordered 20,835.00

CERTIFICATION

I hereby certify that the items and/or services above are necessary to this department (or institution) and that the dept. no., account & activity numbers indicated above accurately reflect the specific line item budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

REQUISITIONER

Victoria LaCalamita
BUREAU or DEPARTMENT HEAD

CCA

APPROVED BUDGETARY ACCOUNT

ACCT # _____

DATE _____ BY _____

PURCHASING USE ONLY