



**OFFICE OF THE PURCHASING AGENT  
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  
461788

Fisher Scientific  
13551 Collections  
Chicago IL 60693

DATE  
4/29/2013  
F.O.B. POINT

PURCHASE ORDER NO.  
**185151 - 000- OP**  
REQUISITION NO.  
00108767 OR

**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 of Forensic Me  
2121 W. Harrison RM 143  
Chicago IL 60612-3706

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

DEPT NO	
2590888	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	EMERGENCY PURCHASE FOR TOX LAB SUPPLIES AT CCME	.00 LO	.0000	1,666.50	2590888.521210
***** Total Order *****				1,666.50	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE PURCHASING AGENT

**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.  
**PURCHASING AGENT** Date:

*[Signature]* 30 April 2013

*[Handwritten initials]*