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
8/19/2014

F.O.B. POINT

PURCHASE ORDER NO.
189220 - 000- OP

REQUISITION NO.
00114214 OR

PURCHASE ORDERED ISSUED TO

654180

Mitchell International Inc
PO Box 846946
Los Angeles CA 90084-6946

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

SHIP TO Risk Management - Administration
Cook County Building
118 N. Clark Street RM 1072
Chicago IL 60602-1304

DELIVERY INSTRUCTIONS
Andrea Flyn 3126036515

DEPT NO	
5421455	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
2.00	MEDICARE REPORTING MITCHELL INTERNATIONAL ANNUAL SERVICES FOR MEDICARE REPORTING THE SERVICE PROVIDER WILL DELIVER CERTAIN QUERIES AND MANDATORY INSURANCE REPORTS ELECTRONICALLY VIA ELECTRONIC DATA INTERCHANGE (EDI), ON BEHALF OF COOK COUNTY TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). THE QUERY IS A TRANSACTION THAT IS SENT TO CMS TO DETERMINE THE MEDICARE ELIGIBILITY OF A CLAIMANT. ** SEE ATTACHED PRICING STRUCTURE FOR THE SERVICE. SERVICE PERIOD: SEPTEMBER 1, 2014 THROUGH AUGUST 31, 2017	.00 LO	.0000	20,000.00	5421455.580130
	*******	Total Order	*******	20,000.00	

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:**
29 August 2014