



**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  
839063

The Office Leader  
199 LEE AVE #134  
Brooklyn NY 11211

DATE  
8/25/2014  
F.O.B. POINT

PURCHASE ORDER NO.  
**189263 - 000- OP**  
REQUISITION NO.  
00114263 07

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

**SHIP TO** Information Technology-Automation  
Cook County Administration Offices  
69 W. Washington Street Rm 2700  
Chicago IL 60602-3007

**DELIVERY INSTRUCTIONS**

Business Office 312-603-1373 69 W.  
Washington #2700

DEPT NO

71700009 Page 1 of 1

| LINE                    | FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE  | QUANTITY/<br>UOM | UNIT PRICE | EXTENDED PRICE | ACCOUNT NUMBER       |
|-------------------------|--|------------------|------------|----------------|----------------------|
| 1.00                    | Oversized Office Chairs<br>1/2"D; Back Size: 27 1/2"H x 21 1/2"W<br>Arm height from seat: 6 - 8 1/2"H<br>Weight Capacity: 500 lbs.<br>Executive High Back Swivel Chair<br>Built-In Lumbar Support<br>Spring Tilt Mechanism<br>Tension Control Knob<br>Pneumatic Seat Height Adjustment<br>Silver Finished Nylon Capped Steel Base<br>Dual Wheel Casters<br>LeatherSoft is leather and polyurethane for added Softness and Durability<br>CA 117 Fire Retardant Foam<br>Meets or exceeds all ANSI/BIFMA standards<br>Warranty: 2 years parts only          | 4.00 EA          | 208.0000   | 832.00         | 71700009.560511.8300 |
| 2.00                    | Office Chairs<br>1/2"D<br>Seat Size: 17 1/2" - 20 3/4"H x 19 1/2"W x 18"D; Back Size: 24"H x 18"W<br>Arm height from seat: 8 - 11"H<br>Weight Capacity: 400 lbs.<br>High Back Swivel Office Chair<br>Flexible Mesh Material<br>Adjustable Lumbar Support<br>Thick Fabric Waterfall Seat Promotes Healthy Blood Flow<br>Locking Back Angle Adjustment<br>Pneumatic Seat Height Adjustment<br>Heavy Duty Black Metal Base<br>Dual Wheel Casters<br>CA 117 Fire Retardant Foam<br>Meets or exceeds all ANSI/BIFMA standards<br>Warranty: 2 years parts only | 68.00 EA         | 214.0000   | 14,552.00      | 71700009.560511.8300 |
| ***** Total Order ***** |  |                  |            | 15,384.00      |                      |

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:

*[Signature]* 12 September 2014

*[Signature]*

# Purchase Requisition

Office of the Purchasing Agent  
Cook County of Illinois

Purchase Order Number

Requisition # **07 114263** Contract # **1426-13833** Open Date

Ship To: 8000458 Information Technology - Automa Delivery Instructions: Supplier: 299999 TEAM LEAD MAILBOX

Cook County Administration Office Business Office 312-603-1373  
69 W. Washington Street Rm 270 69 W. Washington #2700  
Chicago IL 60602-3007

Buyer Number  
Bid/Sale Src Code NCR  
Business Unit 71700009  
Internal Req Number  
Board Apr Date & Item  
Requisition Date 6/25/2014  
Date Needed

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   | 962 | Oversized Office Chairs | < | > | 4.00  | EA | 290.0000 | 1,160.00  | 71700009.560511.8300 |
| Black LeatherSoft Upholstery<br>Height & Width Adjustable Arms<br>Dimensions: 46" - 50"H x 30"W x 31"D<br>Seat Size: 20" - 24 1/4"H x 22 3/4"W x 20 1/2"D; Back Size: 27 1/2"H x 21 1/2"W<br>Arm height from seat: 6 - 8 1/2"H<br>Weight Capacity: 500 lbs.<br>Executive High Back Swivel Chair<br>Built-in Lumbar Support<br>Spring Tilt Mechanism<br>Tension Control Knob<br>Pneumatic Seat Height Adjustment<br>Silver Finished Nylon Capped Steel Base<br>Dual Wheel Casters<br>LeatherSoft is leather and polyurethane for added Softness and Durability<br>CA117 Fire Retardant Foam<br>Meets or exceeds all ANSIBIFMA standards<br>Warranty: 2 years parts only<br>Office Chairs |     |                         |   |   |       |    |          |           |                      |
| 2,000   | 962 | Office Chairs           | < | > | 68.00 | EA | 260.0000 | 17,680.00 | 71700009.560511.8300 |

### CERTIFICATION

I hereby certify that the items and/or services above are necessary to the department (or institution) and that the purchase of such items and/or services is in the best interest of the County and that the purchase is in accordance with the provisions of the Illinois Procurement Code and that the purchase is in accordance with the provisions of the Illinois Procurement Code and that the purchase is in accordance with the provisions of the Illinois Procurement Code.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

*[Signature]*  
REQUISITIONER

*[Signature]*  
BUREAU or DEPARTMENT HEAD

ACCT # \_\_\_\_\_

DATE \_\_\_\_\_ BY \_\_\_\_\_



# Purchase Requisition

## Office of the Purchasing Agent

Cook County of Illinois

Purchase Order Number

Requisition # **07 114263** Contract #

Open Date

Ship To: 8000458

Information Technology- Automa  
Cook County Administration Off  
69 W. Washington Street Rm 270  
Chicago IL 60602-3007

Delivery Instructions:  
Business Office 312-603-1373  
69 W. Washington #2700

Supplier: 299999 TEAM LEAD MAIL BOX

Buyer Number

Bid/Sole Src Code

Business Unit

Internal Req Number

Board Apr Date & Item

Requisition Date

Date Needed

NCR

71700009

6/25/2014

One Time Purchase Yes No Covers Need for \_\_\_\_\_ months. Specific Period of time \_\_\_\_\_ thru \_\_\_\_\_

Prior Contract No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Emergency No. \_\_\_\_\_

Line # Commodity Description

Ball on Hand

Quantity UOM

Est. Unit Cost

Extended Cost

Business Unit and Object Account

Black Mesh Upholstery  
 Height adjustable arms  
 Dimensions: 41 1/4" - 44 3/4"H x 27"W x 28 1/2"D  
 Seat Size: 17 1/2" - 20 3/4"H x 19 1/2"W x 18"D; Back Size: 24"H x 18"W  
 Arm height from seat: 8 - 11"H  
 Weight Capacity: 400 lbs.  
 High Back Swivel Office Chair  
 Flexible Mesh Material  
 Adjustable Lumbar Support  
 Thick Fabric Waterfall Seat Promotes Healthy Blood Flow  
 Locking Back Angle Adjustment  
 Pneumatic Seat Height Adjustment  
 Heavy Duty Black Metal Base  
 Dual Wheel Casters  
 CA117 Fire Retardant Foam  
 Meets or exceeds all ANSI/BIFMA standards  
 Warranty: 2 years parts only

Total of Items Ordered **18,840.00**

### CERTIFICATION

I hereby certify that the items and/or services above are necessary to the department (or institution) and that the total no. of items and/or services is within the approved budget and that the total amount of the items and/or services is within the approved budget. This requisition is being submitted to the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

ACCT # \_\_\_\_\_

DATE \_\_\_\_\_

BY \_\_\_\_\_

REQUISITIONER

BUREAU or DEPARTMENT HEAD

RECEIVED  
 PURCHASING DIV  
 JUN 25 2014 11:12 AM