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
10/16/2014
F.O.B. POINT

PURCHASE ORDER NO.
189891 - 000- OP
REQUISITION NO.
00114653 OR

PURCHASE ORDERED ISSUED TO
823100
CHICAGO GEM & JEWELRY EVALUATION S
29 E Madison St #1615
Chicago IL 60602

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	
2590886	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	APPRAISAL OF UNCLAIMED JEWELRY FROM PROPERTY OF DECEDENTS from Medical Examiner's office 2012-2013 property This request is for a one (1) year contract List of the jewelry to be appraised: 60 - Necklaces 254 - Earrings 74 - Bracelets 5 - Medallions 12 - Watches 229 - Rings	.00 LO	850.0000	850.00	2590886.520835
	*******	Total Order *******		850.00	

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:**
21 October 2014

Report: R56REQ2

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

Purchase Order Number

Requisition # OR 114653 Contract # 1426-13952 Open Date

Buyer Number 724150 Supervisor 40
Bid/Sole Src Code NCR
Business Unit 2590886
Internal Req Number 42590078
Board Apr Date & Item
Requisition Date 8/7/2014
Date Needed 8/7/2014

Ship To: 8000739 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

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	961	APPRAISAL OF UNCLAIMED JEWELRY FROM PROPERTY OF DECEDENTS	< >		LO	3,000.0000	3,000.00	2590886.520835
		FROM MEDICAL EXAMINER'S OFFICE 2012-2013 PROPERTY						
		THIS REQUEST IS FOR A TWO (2) YEAR CONTRACT WITH TWO (2) ONE-YEAR						
		RENEWALS						
		60 - Necklaces						
		254 - Earrings						
		74 - Bracelets						
		5 - Medallions						
		12 - Watches						
		229 - Rings						

Total of Items Ordered 3,000.00

2014 AUG 11 PM 1:47

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.

Nadine H. Jakubowski

REQUISITIONER BUREAU or DEPARTMENT HEAD

CCA

APPROVED BUDGETARY ACCOUNT

ACCT # _____

DATE _____ BY _____

PURCHASING USE ONLY