# 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**
12/18/2014
**F.O.B. POINT**

**PURCHASE ORDER NO.**
**190674 - 000- OP**
**REQUISITION NO.**
00115905 O7

**PURCHASE ORDERED ISSUED TO**
79300
Word Systems Inc
9225 Harrison Park Ct
Indianapolis IN 46216

**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 | |
|---|---|
| 1425901410 | Page 1 of 1 |

| LINE | FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE | QUANTITY/ UOM | UNIT PRICE | EXTENDED PRICE | ACCOUNT NUMBER |
|---|---|---|---|---|---|
| 1.00 | AS PER CONTRACT # 1426-14266<br>RECORDED TELEPHONE LINES FOR<br>COOK COUNTY MEDICAL EXAMINER OFFICE. | .00 LO | 24,918.0000 | 24,918.00 | 1425901410.560441.8300 |
| | ******* | Total Order ******* | | 24,918.00 | |

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:**
31 December 2014

CP