



**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  
803486  
Mikva Challenge Grant Foundation  
332 S Michigan Ave  
Suite 400  
Chicago IL 60604

DATE  
1/20/2015  
F.O.B. POINT

PURCHASE ORDER NO.  
**191008 - 000- OP**  
REQUISITION NO.  
00115317 08

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

**SHIP TO** Cook County Judicial Advisory Council  
69 W Washington  
Suite 1110  
Chicago IL 60602

**DELIVERY INSTRUCTIONS**

DEPT NO	
6791401	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	JUVENILE ACCOUNTABILITY BLOCK GRANT PROGRAM AS PER CONTRACT NO. 1441-14157 CONTRACT PERIOD: DECEMBER 1, 2014 THROUGH NOVEMBER 30, 2015 AMOUNT AUTHORIZED: \$20,000.00 AMOUNT ENCUMBERED THIS P.O. \$20,000.00 BALANCE ON THIS P.O.	.00 LO	.0000	20,000.00	6791401.520395.300
***** 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.

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:

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Shm E. M.* 23 January 2015

OP

Report: RSRREQ2

# Purchase Requisition Office of the Purchasing Agent Cook County of Illinois

Purchase Order Number  
**191608**

Requisition # **08** 115317M Contract # **1441-14157**

Ship To: 461199 Cook County Judicial Advisory  
69 W Washington  
Suite 1110  
Chicago IL 60602

Delivery Instructions:

Supplier: 803486 Mikva Challenge Grant Foundation  
332 S Michigan Ave  
Suite 400

Buyer Number: NCR  
Bid/Sale Src Code: 6791401  
Business Unit:  
Internal Req Number:  
Board App Date & Item:  
Requestion Date: 10/3/2014  
Date Needed: 10/7/2014

One Time Purchase Yes No Covers Need for \_\_\_\_\_ months. Specific Period of time \_\_\_\_\_ thru \_\_\_\_\_ Prior Contract No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Emergency No. \_\_\_\_\_

Line #	Commodity	Description	Bal. on Hand	Quantity	UOM	Est. Unit Cost	Extended Cost	Business Unit and Object Account
1,000	578	JABG	<	>	LO	.0000	20,000.00	6791401.520395.300
Total of Items Ordered							20,000.00	

**CERTIFICATION**  
I hereby certify that the items and/or services above are necessary to the department for institution and that the dept., no., account & activity numbers indicated above accurately reflect the specific item budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

*Murillo*  
REQUESTOR

*Rebecca Davis*  
BUREAU or DEPARTMENT HEAD

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

ACCT # \_\_\_\_\_  
DATE \_\_\_\_\_ BY \_\_\_\_\_