



**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  
76389

Fraser Div Indexing & Equipment  
7550 W. 100th Place  
Bridgeview IL 60455

DATE  
3/12/2014  
F.O.B. POINT

**PURCHASE ORDER NO.**  
**187975 - 000- OP**  
**REQUISITION NO.**  
00112854 OR

**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	INTAKE BOOKS FOR MAY THRU OCTOBER OF 2014	6.00 EA	375.0000	2,250.00	2590886.530645
2.00	INVESTIGATION BOOKS A 2 VOLUME Set For May Thru OCTOBER 2014 Quotation NO.117 Dated March 7,2014 Emergency PO	12.00 EA	375.0000	4,500.00	2590886.530645
***** Total Order *****				6,750.00	

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: \_\_\_\_\_

*John G. M.* 20 March 2014  
CAH

Report: R56R6E02

# Purchase Requisition

Office of the Purchasing Agent  
Cook County of Illinois

Purchase Order Number  
**187975**

Requisition # **OR 112854** Contract # **1481-13550** Open Date

Ship To: 8000739 Medical Examiner Robert J. Stein Institute 2121 W. Harrison RM 143 Chicago IL 60612-3706

Supplier: 76389 Fraser Div Indexing & Equipmen 7550 W. 100th Place Bridgeview IL 60455

Delivery Instructions: MEDICAL EXAMINER OFFICE MADINE JAKUBOWSKI(312)997-4491

Buyer Number: 724150 Supervisor: 40 Bid/Sole Src Code: NCR Business Unit: 2590886 Internal Req Number: 42590055 Board App Date & Item: Requisition Date: 3/7/2014 Date Needed: 3/7/2014

Expiration Date: Emergency No. Extended Cost: Business Unit and Object Account

One Time Purchase: Yes No Covers Need for months Specific Period of time thru Prior Contract No.

Line # Commodity Description Bal on Hand Quantity UOM Est. Unit Cost

1.000 966 INVESTIGATIONS AND INTAKE BOOKS FOR THE M.E.O LO 6,750.0000 6,750.00 2590886 530645

Total of Items Ordered 6,750.00

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 requested. I further certify that this requisition has been approved by 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

ACGT #

DATE

BY

2014 MAR 11 AM 1:07

RECEIVED  
OFFICE OF THE  
PURCHASING AGENT

2014 MAR 10 AM 1:04

RECEIVED  
OFFICE OF THE  
PURCHASING AGENT

REQUISITIONER: *Michael J. Kelly*  
BUREAU or DEPARTMENT HEAD: *MF*