



**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
1103317

Monarch Crematorium
dba Sax-Tiedemann Co Inc
9568 Belmont Ave
Franklin Park IL 60131

DATE
11/25/2014
F.O.B. POINT

PURCHASE ORDER NO.
190484 - 000- OP
REQUISITION NO.
00115826 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	
2590888	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
2.00	TRANSPORTATION AND CREMATION CONTRACT NUMBER 1481-14232	145.00 EA	169.0000	24,505.00	2590888.520480
***** Total Order *****				24,505.00	

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: _____

John E. M. 3 December 2014

AM

Purchase Requisition
Office of the Purchasing Agent
Cook County of Illinois

Purchase Order Number

Requisition # **OR 115826** Contract # **1481-14532** Open Date

Ship To: 8000739 Medical Examiner
Robert J. Stein Institute
2121 W. Harrison RM 143
Chicago IL 60612-3706
Delivery Institutions:
MEDICAL EXAMINER OFFICE
NADINE JAKUBOWSKI(312)997-4481
Supplier: 299999 TEAM LEAD MAILBOX

Buyer Number 724150 Supervisor 40
Bid/Sole Src Code NCR
Business Unit 2590888
Internal Req Number 42590100
Board Apr Date & Item
Requisition Date 11/7/2014
Date Needed 11/7/2014

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	961 TRANSPORTATION AND CREMATION SERVICES OF INDIGNT DECEDENTS FOR COOK COUNTY MEDICAL EXAMINER OFFICE SMALL PURCHASE FOR QUOTE **ADDITIONAL SPECIFICATIONS ARE ATTACHED**	<	>	LO	.0000	20,000.00	2590888 520480
Total of Items Ordered						20,000.00	

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 budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

Robert J. Stein
REQUISITIONER BUREAU OF DEPARTMENT 2590

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

ACCT #

DATE BY

NOV 10 2014 9:21 AM
COOK COUNTY CLERK