



**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**  
772560

Hygiene Solutions  
2286 Cornell Ave  
Montgomery IL 60538-3200

**DATE**  
4/10/2015  
F.O.B. POINT

**PURCHASE ORDER NO.**  
**191760 - 000- OP**  
**REQUISITION NO.**  
00117182 OR

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

**SHIP TO** Juvenile Temp. Detent. Ctr - Receiving RM  
Juvenile Detention Complex and Court  
1100 S. Hamilton Avenue  
CHICAGO IL 60612-4284

**DELIVERY INSTRUCTIONS**

TRACEY J. QUALLS 312-  
433-7921

|         |             |
|---------|-------------|
| DEPT NO | Page 1 of 1 |
| 4400630 |             |

| LINE                    | FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE   | QUANTITY/<br>UOM | UNIT PRICE | EXTENDED PRICE | ACCOUNT NUMBER |
|-------------------------|---|------------------|------------|----------------|----------------|
| 1.00                    | SANITARY DISPOSAL SERVICE<br>Contract No. 1526-14451<br>HANDS FREE SANITARY DISPOSAL UNIT SHALL CONTAIN AN ECO-CARD THAT CONTAINS ANTI-MICROBIAL AND ODOR CONTROL COMPOUNDS, MUST BE SERVICED WEEKLY, SERVICE TO INCLUDE, CLEANING OF THE SANITARY UNITS OR BY COMPLETE EXCHANGE OF THE UNIT. THE UNIT SHALL BE ABLE TO BE LIFTED AND MOVED AND CARRIED EASILY BY HAND.<br>DIMENSIONS: 16"H X 7 1/2"L<br>CAPACITY: 5.5 GALLONS<br>ASSEMBLY TO DISCREETLY HOLD A PLASTIC WASTE BAG SECURELY IN PLACE.<br>THE UNIQUE DESIGN OF THE LID SHALL ALLOW IT TO BE LOCKED IN PLACE WHEN THE UNIT IS BEING MOVED DURING A SERVICE EXCHANGE.<br>"WEEKLY SERVICE"<br>BALANCE ON THIS PURCHASE ORDER | 100.00 WK        | 192.2900   | 19,229.00      | 4400630.520395 |
| ***** Total Order ***** |   |                  |            | 19,229.00      |                |

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:

*Shannon E. Anderson* 30 April 2015  
CVP

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

Purchase Order Number

191760

Requisition # **OR 117182** Contract # **1526-1445**

Open Date  
3/11

Ship To: 8000690 Juvenile Temp Detent Ctr - Rec  
Juvenile Detention Complex and  
1100 S. Hamilton Avenue  
CHICAGO IL 60612-4284

Supplier: 259999 TEAM LEAD MAILBOX

Buyer Number  
Bid/Sole Svc Code NCR  
Business Unit 4400630  
Internal Req Number 54400013  
Board App Date & Item  
Requisition Date 2/9/2015  
Date Needed 2/9/2015

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 | 962 | SANITARY DISPOSAL SERVICE | 30 | SANITARY DISPOSAL UNITS | < | > | 52.00 WK | 225.0000 | 11,700.00 | 4400630.520395 |
|-------|-----|---------------------------|----|-------------------------|---|---|----------|----------|-----------|----------------|

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"WEEKLY SERVICE"

Total of Items Ordered 11,700.00

Recommended Supplier List    A/B Number    Supplier Name  
772560    Hygiene Solutions

**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.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

REQUISITIONER

[Signature]  
SUPERVISOR/DEPARTMENT HEAD

ACCT # \_\_\_\_\_

DATE \_\_\_\_\_ BY \_\_\_\_\_