



**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
847733

FH Paschen SN Nielsen Associates L
5515 N. East River Road
Chicago IL 60656

DATE
7/9/2015
F.O.B. POINT

PURCHASE ORDER NO.
192707 - 000- OP
REQUISITION NO.
00119980 OC

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

SHIP TO Highways - Construction Bureau
Cook County Administration Offices
69 W. Washington Street RM 2317
CHICAGO IL 60602-3007

DELIVERY INSTRUCTIONS

Holly A. Cichy (312) 603-1613

DEPT NO	
5300	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	EMERGENCY PURCHASE AS PER CONTRACT NO.:1528-14833 SECTION NO.: 15-W4340-02-DR FOR EMERGENCY SEWER REPAIR AT CRAWFORD AVENUE AND GROVE STREET LOCATED IN THE VILLAGE OF SKOKIE. SEE ATTACHED QUOTE DATED ON JULY 1, 2015 ***** THIS PURCHASE ORDER INCORPORATES THE FOLLOWING TERM AND CONDITIONS UNDER 12-28-340 GC3 BOOK 1 - SECTION 3 - INSURANCE REQUIREMENTS GC03 - CONDUCT OF CONTRACTOR AND COMPLIANCE WITH LAWS GC53 - COOPERATION WITH THE INSPECTOR GENERAL GC69 - INDEMNIFICATION FOR COOK COUNTY	.00 EA	.0000	65,760.00	5300.562140.5211
***** Total Order *****				65,760.00	

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:

[Signature] 14 July 2015

Purchase Requisition

Office of the Purchasing Agent
Cook County of Illinois

Purchase Order Number

Requisition # **OC 119980** Contract # **1528-14833** Open Date

Ship To: 8000433 Highways - Construction Bureau Delivery Instructions: Supplier: 299999 TEAM LEAD MAILBOX
Cook County Administration Off Holly A. Cichy (312) 603-1613
69 W. Washington Street RM 231
CHICAGO IL 60602-3007

Buyer Number 724151 Supervisor 50
Bid/Sole Src Code NCR
Business Unit 5300
Internal Req Number 15-W4340-02-DR
Board Apr Date & Item
Requisition Date 7/2/2015
Date Needed 7/2/2015

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

1,000 914 Crawford Avenue Emergency Sewer Repair < > EA .0000 65,760.00 5300.562140.5211

Project Crawford Avenue Emergency Sewer Repair
Limits: Crawford Ave. and Grove St
Section Number: 15-W4340-02-DR
Requisition Amount: \$65,760
Funding Type: MFT Fund (600-585)
Location: Village of Skokie
County Board District(s): 13
Scope of work:
The improvement consists of furnishing all labor, materials and equipment required for the Crawford Ave. Emergency Sewer Repair. This includes but is not limited to PCC pavement removal and patching, installation of 8 Duclite iron pipe, disposal of excavated trench spoils, FA-6 trench backfill, erosion control, traffic control and protection, restoration and other appurtenant work as required.

Total of Items Ordered 65,760.00

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.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

REQUISITIONER

BUREAU SUPERVISOR/HEAD

ACCT # _____

DATE _____ BY _____