



**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**  
827468

Bebon Office Machines Co.  
234 S. Wabash Avenue  
2nd Floor  
Chicago IL 60604

**DATE**  
2/18/2015  
F.O.B. POINT

**PURCHASE ORDER NO.**  
191267 - 000- OP  
**REQUISITION NO.**  
00117156 OC

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

**SHIP TO** Purchasing Agent - Administration  
Cook County Building  
118 N. Clark Street - RM 1018  
Chicago IL 60602-1304

**DELIVERY INSTRUCTIONS**

DEPT NO	
0301293	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	PAPER SECTION II - PAPER - NON-CORE LIST AS PER CONTRACT NO. 1484-14136B CONTRACT PERIOD: FEBRUARY 1, 2015 THROUGH JANUARY 31, 2017 WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS AMOUNT AUTHORIZED: \$16,000.00 BALANCE TO FOLLOW	0.00 "	0.0000		
***** Total Order *****				0.00	

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: \_\_\_\_\_

*Shirley M.* 20 February 2015

*AM*

# Purchase Requisition

Office of the Purchasing Agent  
Cook County of Illinois

Purchase Order Number

191267

Requisition # **OC 117156** Contract # **1484-14136B**

Open Date

Ship To: **8000881** Purchasing Agent - Administrative  
Cook County Building  
118 N. Clark Street - RM 1018  
Chicago IL 60602-1304

Delivery Instructions:

Supplier: **2999999**

TEAM LEAD MAILBOX

827468

Buyer Number **374183 FLOCK, BARBIE A**  
Bid/Sole Src Code **NOR**  
Business Unit **0301293**  
Internal Req Number  
Board App Date & Item  
Requisition Date **2/6/2015**  
Date Needed **2/6/2015**

One Time Purchase  Yes  No Covers Need for \_\_\_\_\_ months. Specific Period of time \_\_\_\_\_ thru \_\_\_\_\_

Prior Contract No.

Expiration Date

Emergency No.

Line #	Commodity Description	Ball on Hand	Quantity	UOM	Est. Unit Cost	Extended Cost	Business Unit and Object Account
1.0000	Countywide Paper Contract	<	>	EA	.0000		

Total of Items Ordered

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.

CERTIFICATION

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

REQUISITIONER *Shawn Williams*  
BUREAU DEPARTMENT HEAD

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

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