



**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  
855171  
Alere San Diego dba Immunalysis Co  
829 Towne Center Drive  
Pomona CA 91767

DATE  
1/5/2016  
F.O.B. POINT

PURCHASE ORDER NO.  
**194053 - 000- OP**  
REQUISITION NO.  
00120807 OC

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
1.00	ELISA KITS AS PER CONTRACT NO. 1585-15022 CONTRACT PERIOD: JULY 8, 2016 THRU JULY 7, 2018 WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS AMOUNT AUTHORIZED: \$59,568.28 AMOUNT ENCUMBERED ON THIS P.O.: \$29,784.19 BALANCE TO FOLLOW	.00 LO	29,784.1900	29,784.19	2590888.521210
***** Total Order *****				29,784.19	

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]* 16 March 2016

*[Signature]*