



**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**  
1114305

Michelle E Seals  
3532 S King Drive  
Chicago IL 60653

**DATE**  
5/12/2016  
F.O.B. POINT

**PURCHASE ORDER NO.**  
**195177 - 000- OP**  
**REQUISITION NO.**  
00123040 OR

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

**SHIP TO** Animal Control  
Bridgeview Court Bldg. - 5th Dist Court  
10220 South 76th Avenue - 2nd Floor  
Bridgeview IL 60453

**DELIVERY INSTRUCTIONS**  
Animal Control Attn: Dr. Donna  
Alexander 708-974-6140

DEPT NO	
5100585	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Veterinary Services for Rabies Clinics As per Contract No. 1626-15368 Rebid Tuesday & Wednesday 9:00 a.m. - 3:00 p.m. (does not include lunch hour) June 7, 2016 through October 5, 2016 Must provide own transportation to all sites in the County (locations attached). Must vaccinate 100-300 animals within five (5) hour period with no assistance other than owner restraint. Muzzles and all other restraint methods must be provided by owner. All clinics will be held outdoors regardless of weather. Indoor vaccinations not available. Compliance with Federal, State and County laws regarding administration of rabies vaccines. Compliance with protocol for proper administration of rabies vaccines for dogs, cats and ferrets. Commitment to entire program with no cancellations required. Vendor must adhere to the County General conditions attached hereto	.00 LO	.0000	10,760.00	5100585.521320
***** Total Order *****				10,760.00	

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:** June 2016

# Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

Purchase Order Number

26 NCR

Requisition # **OR 123040** Contract # **1626-15368**

Open Date

Ship To: 8000019 Animal Control  
Bridgeview Court Bldg - 5th D  
10220 South 76th Avenue - 2nd  
Bridgeview IL 60453

Supplier: 299999 TEAM LEAD MAILBOX

Buyer Number 724150 Supervisor 40  
Bid/Sole Src Code NCR  
Business Unit 5100565  
Internal Req Number 165100009  
Board Apr Date & Item 3/2/2016  
Requisition Date 3/2/2016  
Date Needed 3/2/2016

One Time Purchase Yes No Covers Need for \_\_\_\_\_ months. Specific Period of time \_\_\_\_\_ thru \_\_\_\_\_ Prior Contract No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Emergency No. \_\_\_\_\_

Line #	Commodity Description	Quantity	UOM	Est. Unit Cost	Extended Cost	Business Unit and Object Account
1.000	961 Veterinary Services Veterinary Services for 2016 Rabies Clinics Tuesday & Wednesday 9:00 a.m. - 3:00 p.m. (does not include lunch hour) June 7, 2016 through October 5, 2016 Licensed Veterinarian in the State of Illinois, Active Status with no Disciplinary Actions applied against license. Two years experience in Shelter Animal Medicine Must provide own transportation to all sites in the County. Must be able to vaccinate 100-300 animals within five (5) hour period with no assistance other than owner restraint. Muzzles and all other restraint methods must be provided by owner. Total field vaccination experience required. All clinics will be held outdoors regardless of weather. Indoor vaccinations not available. Knowledge of Federal, State and County laws regarding administration of rabies vaccines. Knowledge of protocol for proper administration of rabies vaccines for dogs, cats and ferrets. Commitment to entire program with no cancellations. Submission must include: Copy of Illinois State Veterinary License Resume Proposed Hourly Rate We will not accept submissions from veterinary consortiums or groups.	<	>	LO	.0000	11,000.00 5100565 521320

CERTIFICATION  
I hereby certify that the items and/or services above are necessary to this department for institution  
and that the purchase of these items and/or services is in the best interest of the County and that the  
same budget appropriation approved by the Board of County Commissioners and there is sufficient  
unencumbered balance in the account to grant same.

### CERTIFICATION

REQUISITIONER

BUREAU or DEPARTMENT HEAD

*Mark R. ...*

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

ACCT # \_\_\_\_\_  
DATE \_\_\_\_\_ BY \_\_\_\_\_

# Purchase Requisition

Office of the Purchasing Agent  
Cook County of Illinois

Purchase Order Number

Requisition # **OR 123040** Contract #

Open Date

Ship To: 8000019 Animal Control  
Bridgeview Court Bldg - 5th D  
10220 South 76th Avenue - 2nd  
Bridgeview IL 60453

Delivery Instructions:  
Animal Control Attn: Dr. Donna  
Alexander 708-974-6140

Supplier: 299999 TEAM LEAD MAILBOX

Buyer Number 724150 Supervisor 40  
Bid/Sole Src Code NCR  
Business Unit 5100585  
Internal Req Number 16510009  
Board App Date & Item  
Requisition Date 3/2/2016  
Date Needed 3/2/2016

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	LOM	Est. Unit Cost	Extended Cost	Business Unit and Object Account
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Only individual veterinarians need apply.

Total of Items Ordered 11,000.00

### CERTIFICATION

I hereby certify that the items and/or services above are necessary to this department for institution of the proposed program. I am authorized to incur the proposed obligations of this requisition. I have obtained the necessary approval of 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 Maal Ruestky BUREAU or DEPARTMENT HEAD

ACCT # \_\_\_\_\_  
DATE \_\_\_\_\_ BY \_\_\_\_\_