



OFFICE OF THE PURCHASING AGENT
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
 76315
 Associated Material Handling Indus
 133 N Swift Rd
 Addison IL 60101

DATE
 1/30/2012
F.O.B. POINT

PURCHASE ORDER NO.
179892 - 000- OP
REQUISITION NO.
 00101333 OR

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

SHIP TO County Clerk - Election Department
 Cook County Administration Offices
 69 W. Washington Street - 5th Floor
 Chicago IL 60602-3007

DELIVERY INSTRUCTIONS

ROSEANN FARELLA
 603-0927

312-

DEPT NO	
5240583	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	REPAIR GLASS REMOVE ALL BROKEN GLASS, AND INSTALL NEW PIECE OF SAFETY GLASS ONTO TRUCK. REFERENCE QUOTE NUMBER EQ-12192011-B DATED 12/19/2011	.00 JB	284.5000	284.50	5240583.531640
***** Total Order *****				284.50	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE PURCHASING AGENT

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.
PURCHASING AGENT Date: _____

Maia de Rosa
 1/31/12 BR

Purchase Requisition

Office of the Purchasing Agent
Cook County of Illinois

179892

Requisition # **OR 101333** Contract #

Open Date

Ship To: 8000175 County Clerk - Election Depart
Cook County Administration Off
69 W. Washington Street - 5th
Chicago IL 60602-3007

Supplier: 779970
ROSEANN FARELLA
312-603-0927
Palatine IL 60055-7469

Buyer Number 724151 Supervisor 50
Bid/Sole Src Code SSV
Business Unit 5240583
Internal Req Number 25240
Board Apr Date & Item
Requisition Date 1/12/2012
Date Needed 1/12/2012

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

1,000 578 REPAIR *****
REMOVE ALL BROKEN GLASS, AND INSTALL NEW PIECE OF SAFETY GLASS ONTO TRUCK. JB 284.5000 284.50 5240583.531640

Total of Items Ordered 284.50

CERTIFICATION
I hereby certify that the items and/or services above are necessary to this department (or institution) and that the capt. 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 of grant same.

REQUISITIONER

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

[Signature]
BUREAU or DEPARTMENT HEAD
1/12/12

ACCT # _____
DATE _____ BY _____

RECEIVED
OFFICE OF THE
PURCHASING AGENT
2012 JAN 13 AM 9:26
BOOKKEEPING

1-30-2012
G.K. Koub7.

 Associated Integrated Supply Chain Solutions		133 North Swift Road, Addison, IL. 60101 Phone: 630-588-8800 Fax: 630-588-3677 www.associated-allied.net	
Address 1 Address 1: Cook County Facility Management		Estimate #: EO-12192011-B	
Address 2 Address 2: 4545 W. Cermak Rd		Model Raymond	
City Chicago		Model EASI R30TT	
State IL		Part ET-F-05-14487	
Zip 60623		Phone 312-446-0543	
Contact Tom Vegetable		Fax 773-801-2981	

Quantity: 1
Quantity Note:
 Install new safety glass onto truck. Original safety glass was damaged and needing replacement. Remove all broken glass, and install new piece as required.

SEGMENT DESCRIPTION	PARTS	LABOR	TOTAL
Install new piece of safety glass	\$ 100.00	\$ 184.50	\$ 284.50
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Subtotals:	\$100.00	\$184.50	\$284.50
		Transportation Costs \$	-
		GRAND TOTAL:	\$284.50

This estimate does not include taxes, freight on parts or fluids. This estimate is good for thirty (30) days. Estimate is subject to a 10% variance.

Approved by: _____

P.O.#: _____

Presented By: Eric Ocytko 630-327-0537

Please Note: Although Associated prides itself on providing complete, accurate estimates, there is always the possibility that hidden structural damage or wear will be found during the diagnostic process. If such damage is found, Associated will stop work immediately and report the additional labor and parts for your evaluation. Approval will be necessary before we complete the repair.



Atlas First Access, Inc.

Headquarters 8080 N. Plank Road Schiller Park, IL 60176 847.573.8860 tel 847.576.8494 fax	South 2600 West 73rd Street Bedford Park, IL 60438 708.490.7777 tel 708.490.2361 fax	West 1200 Lyon Road Belleisle, IL 60310 630.232.2828 tel 630.208.5860 fax	Far South 508 West 7th Drive South Holland, IL 60478 708.406.7777 tel 708.406.2391 fax
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December 14, 2011

ESTIMATE #: RS-RE2-111214-008

TO: Cook County Government
4545 W Cermak
Chicago, IL 60602

ATTN: Tom
PHONE: (312)441-0643
FAX: (773)801-2981

Estimated by:

Rich Sims
PHONE: (630) 232-2828
FAX: (630) 208-5665

We are pleased to submit this estimate for your consideration. The following repairs are to be completed at your facility on your RAYMOND Model B4SI R30TT Serial Number ETI-05-14487

- A) Replace broken glass windshield. \$ 378.00
- Total Estimated Parts and Labor \$ 378.00
Plus travel charges

- 1) This estimate is for stated repairs only, and was prepared prior to teardown any additional repairs are found during disassembly will be estimated and submitted for buyer's authorization.
- 2) Estimates are subject to 10% variance
- 3) Price subject to state and municipal tax, where applicable
- 4) Atlas Lift Truck warrants that components repaired or replaced shall be free under normal use and maintenance, from defects in material or workmanship for a period of 30 days from the date of repair.

Terms: Net 30 Days

ATLAS LIFT TRUCK: Rich Sims

DATE: December 14, 2011

REPAIRS AUTHORIZED BY: _____

DATE: _____

Purchase Order Number (if required): _____



Main Office
15241 Commercial
Harvey, IL 60426
Phone 708-596-7000
Fax 708-596-7008

Hillside Office
302 N. Mannheim Road
Hillside, IL 60162
Phone 708-547-4080
Fax 708-547-5227

Company: COOK COUNTY FACILITY MGT
Address: 4545 WEST CERMAK
City, State & Zip: CHICAGO, IL 60612
Contact: TOM VEGETABLE

Date: 1/6/2012
Phone: 312-448-0643
Fax: 773-801-2981
P.R.S.: JOHN NUTI
EMAIL: _____

We propose to furnish the following repairs listed below subject to the terms and conditions noted:

Make RAYMOND Model EASIR30TT Serial Number: ETF0514487
Unit# _____ Hours: _____

PROPOSED REPAIRS:

Remove and replace windshield.

PLUS TAX

THIS QUOTE IS GOOD FOR THIRTY (30) DAYS. IF THE QUOTE IS NOT APPROVED WITHIN THE THIRTY (30) DAY PERIOD, THE TRUCK WILL BE RETURNED TO YOUR FACILITY AND YOU WILL BE CHARGED FOR THE TRUCKING AND LABOR FOR THE INSPECTION.

SUB CONTRACT	_____
TOTAL PARTS	\$338.88
TOTAL LABOR	\$327.00
FREIGHT	_____

TOTAL QUOTE \$665.68

SUBJECT TO CREDIT APPROVAL

Subject to applicable taxes and freight on parts used. Terms are net upon receipt of invoice. In the event that after teardown, additional items are in need of repair, you will be advised prior to procedure. This quote is subject to a 10% variance, plus or minus. Thank you for the opportunity to quote on your material handling requirements. Should you have any questions, please feel free to call Joe Wright at 708-596-7000 x 324. Warranty: Parts 90 days - Labor 30 days

Accepted By _____

Date _____

Purchase Order # _____