



**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
462491

Orkin Pest Control
4201 W 36th St
Chicago IL 60632

DATE
3/15/2012
F.O.B. POINT

PURCHASE ORDER NO.
180520 - 000- OP
REQUISITION NO.
00102235 OR

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

SHIP TO Facilities Management Criminal Justice Administration Bldg 2650 S. California Avenue CHICAGO IL 60608-5145	DELIVERY INSTRUCTIONS Joe Merkel 773-674-3117	DEPT NO	Page 1 of 1
		2001120	

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Drain Cleaner Orkin OE-30 Concentrate Sanitizes floor service areas And floor drains from the Degradation of waste responsible For promoting pest infestations Per Dept. of Justice Requirements OE-30 Actizyme is manufactured (Orkin) Rec#22000221	160.00 GA	40.0000	6,400.00	2001120.530275
***** Total Order *****				6,400.00	

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

<p align="center">RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)</p> <p>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.</p> <p>Authorized Signature: _____ Date: _____</p>	<p>I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.</p> <p>PURCHASING AGENT Date: _____</p> <p align="right"><i>Maria de Jesus</i> 3/15/12 PSL</p>
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Purchase Requisition

Office of the Purchasing Agent
Cook County of Illinois

Purchase Order Number

180520

Q1 New Bk
(Estimate)

Requisition # **OR 102235** Contract #

Open Date

Ship To: 8000409 Facilities Management
Criminal Justice Administration
2650 S. California Avenue
CHICAGO IL 60608-5145

Delivery Instructions:
Joe Merkel
773-674-3117

Supplier: 299999 TEAM LEAD MAILBOX

Buyer Number 724151 Supervisor 50
Bid/Sole Src Code SSP
Business Unit 2001120
Internal Req Number 22000221
Board Apr Date & Item Sole Source
Requisition Date 2/24/2012
Date Needed 2/24/2012

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	670 Drain Cleaner	<	>		160.00	GA	40.0000
	Orkin OE-30 Concentrate						6,400.00
	Sanitizes floor service areas						
	And floor drains from the						
	Degradation of waste responsible						
	For promoting pest infestations						
	Per Dept. of Justice Requirements						
	OE-30 Actizyme is manufactured						
	Only for Orkin						
	Rec#22000221						
Total of Items Ordered							6,400.00

RECEIVED
OFFICE OF THE
PURCHASING AGENT
2012 FEB 27 PM 12:13
BOOKKEEPING

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 encumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

Blair
REQUISITIONER

BUREAU or DEPARTMENT HEAD

ACCT #

DATE _____ BY _____



**Cook County
Office of the Purchasing Agent**

Sole Source Justification

General Information	Date: 2/24/12
Unit/Department: 200/Facilities Management	Phone No. 312-433-4573
Contact Name: Belinda Henderson	email

Vendor Information	Requisition No 22000221/102235
Name: Orkin	Purchase Order No.
Address: 4201 W. 36 th St. Chicago, IL 60632	Contract No. Frank Grupp 773-523-5092

Description. Please provide a description of the goods or services required, the duration or frequency of the requirement, and where will the services or goods be delivered.

OE-30 is a drain and floor cleaner, needed at the DOC for drain cleaning and insect prevention per Dept. of Justice requirements. This requirement covers our needs for 6 months.

Type. Please select one of the options and explain below.

Single Source Proprietary/Copyright Restrictions Equipment Compatibility
 Patented Product Exclusive or Unique Capability Other, please explain

Explanation: Why is this product or service the only one that would satisfy the requirement(s)?
OE-30 has been proven to be the only drain chemical strong enough to prevent insects from coming up through the drain/plumbing system at the DOC.

Due Diligence. Describe the due diligence performed that led to the conclusion that this is a sole source.

OE-30 Actizyme is manufactured only for Orkin. Orkin is the exclusive distributor of OE-30 Actizyme floor and drain cleaner.

Department Recommendation	
Requestor: Joe Merkel	Date: 2/24/12
Department Head: <i>[Signature]</i>	Date: 2/27/12

Purchasing Agent Approval	
Signature: <i>[Signature]</i>	Date:



Date: February 17, 2012

**To: Mike Roberts
Facilities Management**

Re: OE-30 Actizyme

OE-30 Actizyme is manufactured only for Orkin

Orkin is the exclusive distributor of OE-30 Actizyme floor and drain cleaner.

Frank Grupp

A handwritten signature in black ink, appearing to read "Frank Grupp".

Operations Manager

462491

4201 W 36th St., Chicago, IL 60632 Telephone (773) 523-5092 Fax (773) 523-5084



PURCHASE REQUISITION

OFFICE OF THE PURCHASING AGENT

OFFICE

CODE

P.O. NO.

STOREROOM NO.	EMERGENCY NO.	BUYER NO.	DEPT. NO.	ACCOUNT	ACTIVITY	Q	T	E	OPEN DATE	DEPT. REQ. NO.	
DELIVER TO: Cook County - Dept. of Facilities Management		DEPARTMENT: Plumbing Dept.		DIVISION: Plumbing		AGENCY: Requester on 2-9-2012		HOSPITAL ACCT. NO. 102835		DATE TO BE DELIVERED FEB 17 2012	
ATTENTION: Joe Merkel		TELEPHONE NO. 773-674-3117		DIVISION: CHICAGO, IL 60608		HOSPITAL ACCT. NO. 102835		DATE TO BE DELIVERED FEB 17 2012		BY: [Signature]	
THIS REQUISITION COVERS OUR NEEDS FOR		<input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 6 MOS. <input type="checkbox"/> 3 MOS.		<input type="checkbox"/> ONE TIME PURCHASE		<input type="checkbox"/> FULL DESCRIPTION OF NEED (NOUN FIRST)		<input type="checkbox"/> BALANCE ON HAND		<input type="checkbox"/> UNIT OF MEAS.	
COMMODITY CODE	FULL DESCRIPTION OF NEED (NOUN FIRST)			BALANCE ON HAND	UNIT OF MEAS.	QUANTITY	EST. UNIT COST	EST. EXTENDED COST			
	CHEMICAL				1 GAL	16 GAL 440.00	6440.00	00			
	ORIGIN OE-30 CONCENTRATE										
	SANITIZER FLOOR SERVICE AREAS										
	AVOID FLOOR DRAINS FROM THE										
	DEGRADATION OF WASTE										
	RESPONSIBLE FOR PROMOTING										
	PEST INFESTATIONS										
	- DO NOT SUBSTITUTE PER										
	DEPT. OF JUSTICE										
	REQUIREMENTS										

ENTERED

FEB 17 2012

BY: **[Signature]**

CERTIFICATE OF NECESSITY

I HEREBY CERTIFY THAT THE ITEMS AND/OR SERVICES LISTED ABOVE ARE NECESSARY IN THIS DEPARTMENT (OR INSTITUTION) AND THAT THEY ARE FOR PURPOSES FOR WHICH AN APPROPRIATION WAS APPROVED BY THE BOARD OF COUNTY COMMISSIONERS AND THAT THERE IS A SUFFICIENT UNENCUMBERED BALANCE TO GRANT SAME.

[Signature] 2-9-12 **[Signature]**

DIVISION MANAGER OF FACILITIES

HOSPITAL FINANCE DEPT.

6

5

4

3

2

DEPT. REQ. NO.



1728776

SPECIAL SERVICE COMMERCIAL AGREEMENT

THIS AGREEMENT IS CONTINGENT UPON THE APPROVAL AND SIGNATURE OF A REPRESENTATIVE OF ORKIN BRANCH MANAGEMENT, WHO HAS SOLE AUTHORITY TO EXECUTE IT ON BEHALF OF ORKIN.

ROUTE #	GHD #	SERVICE DAY	BUSINESS TYPE <i>Carpenter Ants</i>	DATE <i>2-9-12</i>
ACCOUNT NAME (CUSTOMER) <i>COOK COUNTY FACILITIES</i>			BRANCH OFFICE <i>CHICAGO</i>	PHONE <i>773 573-5092</i>
SERVICE ADDRESS: NUMBER, STREET <i>2650 S. CALIFORNIA AVE.</i>			BILLING ADDRESS: NUMBER, STREET <i>2650 S. CALIFORNIA AVE.</i>	
CITY, STATE, ZIP CODE <i>CHICAGO, IL 60608</i>			CITY, STATE, ZIP CODE <i>CHICAGO, IL 60608</i>	
TYPE AND NO. OF STRUCTURES TO SERVICE			PERSON TO CONTACT <i>JOE MERKEL</i>	
PESTS TO BE TREATED (SPECIFIC OCCASIONAL INVADERS) (DO NOT ABBREVIATE)			SERVICE PHONE <i>773 674-3117</i>	OFFICE PHONE <i>773 674-5445</i> ^{FX}
PROBLEM AREAS <i>n/a</i>			PRODUCTS PURCHASED <i>160 GALLONS DE-30 ACTIZYME</i>	
SPECIAL INSTRUCTIONS			I agree to pay ORKIN the below amount, at this time for treatment of the pest(s) indicated.	
<input type="checkbox"/> 1 TREATMENT <input type="checkbox"/> 2 TREATMENTS <input checked="" type="checkbox"/> (OTHER) <i>Product</i>			SERVICES RENDERED \$ _____ PAYMENT MADE BY: PRODUCTS PURCHASED \$ <i>6400</i> <input checked="" type="checkbox"/> PO # _____ SALES/SERVICE TAX \$ _____ <input type="checkbox"/> CHECK <input type="checkbox"/> CASH AMOUNT DUE \$ <i>6400</i> <input type="checkbox"/> COMPLETE EASY PAYMENT FORM AMOUNT PAID (\$ <i>0</i>) BALANCE DUE \$ <i>6400</i>	

ORKIN INSPECTOR
FRANK GRUPP

BRANCH ADDRESS: STREET
4201 WEST 36TH STREET

CITY, STATE, ZIP CODE
CHICAGO, IL 60632

DATE: *2-9-12*

Management Approval - This agreement has been verified and monies have been received as indicated.

Accepted By:
Signature () Owner () Licensee () Agent

Title _____

MEDIATION/ARBITRATION: ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT, OR THE SERVICES PERFORMED BY ORKIN UNDER THIS AGREEMENT OR ANY OTHER AGREEMENT, REGARDLESS OF WHETHER THE CONTROVERSY OR CLAIM AROSE BEFORE OR AFTER THE EXECUTION, TRANSFER OR ACCEPTANCE OF THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO ANY TORT AND STATUTORY CLAIMS, AND ANY CLAIMS FOR PERSONAL OR BODILY INJURY OR DAMAGE TO REAL OR PERSONAL PROPERTY, SHALL BE SETTLED BY BINDING ARBITRATION. UNLESS THE PARTIES AGREE OTHERWISE, THE ARBITRATION SHALL BE ADMINISTERED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA") AND SHALL BE CONDUCTED BY AAA. IF ADMINISTERED UNDER THE AAA RULES, A CLAIM SHALL BE DETERMINED UNDER THE AAA SUPPLEMENTARY PROCEDURES FOR CONSUMER-RELATED DISPUTES IN CASES WHERE SUCH PROCEDURES ARE APPLICABLE. ANY OTHER CONTROVERSY OR CLAIM SHALL BE DETERMINED UNDER THE AAA COMMERCIAL ARBITRATION RULES. THE CUSTOMER AND ORKIN AGREE THAT THE ARBITRATOR SHALL FOLLOW THE SUBSTANTIVE LAW, INCLUDING THE TERMS AND CONDITIONS OF THIS AGREEMENT. THE ARBITRATOR'S POWERS TO CONDUCT ANY ARBITRATION PROCEEDING UNDER THIS AGREEMENT SHALL BE LIMITED AS FOLLOWS: ANY ARBITRATION UNDER THIS AGREEMENT WILL NOT BE CONSOLIDATED OR JOINED WITH PROCEEDING UNDER THIS AGREEMENT WITH ANY OTHER AGREEMENT OR INVOLVING ANY OTHER PREMISES, AND WILL NOT PROCEED AS A CLASS ACTION, PRIVATE ATTORNEY GENERAL ACTION OR SIMILAR REPRESENTATIVE ACTION. EITHER PARTY HAS THE RIGHT TO REQUIRE A PANEL OF THREE (3) ARBITRATORS, BUT IN THE ABSENCE OF THE PARTIES' AGREEMENT, THE REQUESTING PARTY SHALL BE RESPONSIBLE FOR THE COSTS OF THE ADDITIONAL ARBITRATORS. EITHER PARTY MAY REQUEST AT ANY TIME PRIOR TO THE HEARING THAT THE AWARD BE ACCOMPANIED BY A REASONED OPINION. THE AWARD RENDERED BY THE ARBITRATOR(S) SHALL BE FINAL AND BINDING ON ALL PARTIES, EXCEPT THAT A PARTY MAY WITHIN 30 DAYS OF THE ORIGINAL AWARD REQUEST AN ARBITRAL APPEAL TO AN APPEAL TRIBUNAL, CONSTITUTED IN THE SAME MANNER AND BY THE SAME PROCESS AS THE INITIAL ARBITRATOR(S). THE APPEALING PARTY SHALL BE RESPONSIBLE FOR THE FILING FEE AND OTHER ARBITRATION FEES AND COSTS SUBJECT TO AWARD BY THE APPEAL TRIBUNAL UNDER APPLICABLE LAW. THE APPEAL TRIBUNAL SHALL REVIEW ALL QUESTIONS OF LAW AND FACT UNDER A CLEARLY AND ERRONEOUS STANDARD. THE AWARD OF THE APPEAL TRIBUNAL SHALL BE FINAL AND BINDING. JUDGMENT MAY BE ENTERED ON THE AWARD IN ANY COURT HAVING JURISDICTION THEREOF. CUSTOMER AND ORKIN ACKNOWLEDGE AND AGREE THAT THIS ARBITRATION PROVISION IS MADE PURSUANT TO A TRANSACTION INVOLVING INTERSTATE COMMERCE AND SHALL BE GOVERNED BY THE FEDERAL ARBITRATION ACT. BEFORE HAVING RECOURSE TO ARBITRATION, CUSTOMER AND ORKIN EACH AGREES TO TRY IN GOOD FAITH TO SETTLE ANY CONTROVERSY OR CLAIM BY AT LEAST FOUR (4) HOURS OF MEDIATION ADMINISTERED UNDER THE AAA COMMERCIAL MEDIATION RULES WITH ORKIN AGREEING TO PAY THE COSTS OF THE MEDIATION.

CHEMICAL INFORMATION WARNING: Customer shall notify all persons on the premises that Orkin will be applying pesticides in and around the premises, and that virtually all pesticides have some odor which may be present for a short time after application. If Customer knows of any person on the premises who believes they have a sensitivity to pesticides or who has a medical condition affected by pesticides, then Customer shall so notify Orkin in writing. At Customer's request, Orkin will provide information about the chemicals to be used in treating the premises.

ENTIRE AGREEMENT: If any provision or portion thereof, of this Agreement is found to be invalid or unenforceable, it shall not affect the validity or enforceability of any other part of this Agreement. Provided, however, that as to the MEDIATION/ARBITRATION paragraph, if the sentence precluding the arbitrator from conducting an arbitration proceeding as a class, representative or private attorney general action is found to be invalid or unenforceable then the entirety of the MEDIATION/ARBITRATION paragraph shall be deemed to be deleted from this Agreement.