

**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

DATE

PURCHASE ORDER NO.

466846

7/20/2012
 F.O.B. POINT

182229 - 000- OP

World's Printing & Specialties Co.
 233 N. Michigan Av.
 Chicago IL 60601

REQUISITION NO.

00102913 OR

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 of Forensic Me
 2121 W. Harrison RM 143
 Chicago IL 60612-3706

DELIVERY INSTRUCTIONS

OFFICE OF THE MEDICAL EXAMINER
 KIMBERLY JACKSON 312-997-4482

DEPT NO

2590886

Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	PERSONAL EFFECTS PROPERTY BOOKS - INVENTORY CONTROL COUNTY WILL NOT ACCEPT OVER OR UNDER RUNS FOR PRINTING. IT IS VENDOR'S RESPONSIBILITY TO PRINT AND SHIP PER SPECIFICATIONS. MUST DELIVER ONE SHIPMENT FOR TOTAL QUANTITY WITHIN 1 MONTH OF RECEIVING P.O.. DELIVER TO OFFICE OF THE MEDICAL EXAMINER 2121 W HARRISON ST. CHICAGO, IL 60612	150.00 EA	18.2800	2,742.00	2590886.520495
***** Total Order *****				2,742.00	

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

Maria de la Cruz
 Date: 7/27/12 BA

Brenda Beard (Purchasing)

To: Budget Holds (Budget)
Cc: Martha Martinez (Bureau of Administration)
Subject: 182229(BU2590079)Medical Examiner

Thanks
Brenda Beard
312-603-5383

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

Purchase Order Number

182229

81 Bk New

Nicki

Requisition # **OR 102913** Contract #

Ship To: 8000739 Medical Examiner Robert J. Stein Institute of Fo 2121 W. Harrison RM 143 Chicago IL 60612-3706

Delivery Instructions: OFFICE OF THE MEDICAL EXAMINER KIMBERLY JACKSON 312-997-4482

Supplier: 299999 TEAM LEAD MAIL BOX
Buyer Number 724150 Supervisor 40
Bid/Sole Src Code BSP 2590886
Business Unit 22590079
Internal Req Number 22590079
Board Apr Date & Item
Requisition Date 3/27/2012
Date Needed 3/27/2012

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	966	PERSONAL EFFECTS PROPERTY	BOOKS - INVENTORY CONTROL	<	>	150.00	EA	9.0000	1,350.00	2590886:520495
COUNTY WILL NOT ACCEPT OVER OR UNDER RUNS FOR PRINTING. IT IS VENDOR'S RESPONSIBILITY TO PRINT AND SHIP PER SPECIFICATIONS. MUST DELIVER ONE SHIPMENT FOR TOTAL QUANTITY WITHIN 1 MONTH OF CONTRACT AWARD. DELIVER TO OFFICE OF THE MEDICAL EXAMINER 2121 W HARRISON ST. CHICAGO, IL 60612 ESTIMATED COST: 149896K										
Total of Items Ordered										1,350.00

PROCUREMENT

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 are correct. I have reviewed 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.

CCA

APPROVED **3-30-12** APR 2102

PURCHASING USE ONLY

REQUISITIONER *Kimberly Jackson* BUREAU or DEPARTMENT HEAD *Kimberly Jackson*

ACCT # _____ DATE _____ RECEIVED BY THE PURCHASING AGENT OFFICE

THE BOARD OF COMMISSIONERS

TONI PRECKWINKLE

PRESIDENT

EARLEAN COLLINS	1st Dist.	PETER N. SILVESTRI	9th Dist.
ROBERT STEELE	2nd Dist.	BRIDGET GAINER	10th Dist.
JERRY BUTLER	3rd Dist.	JOHN P. DALEY	11th Dist.
WILLIAM M. BEAVERS	4th Dist.	JOHN A. FRITCHEY	12th Dist.
DEBORAH SIMS	5th Dist.	LARRY SUFFREDIN	13th Dist.
JOAN PATRICIA MURPHY	6th Dist.	GREGG GOSLIN	14th Dist.
JESUS G. GARCIA	7th Dist.	TIMOTHY O. SCHNEIDER	15th Dist.
EDWIN REYES	8th Dist.	JEFFREY R. TOBOLSKI	16th Dist.
		ELIZABETH ANN DOODY GORMAN	17th Dist.



OFFICE OF THE MEDICAL EXAMINER
COUNTY OF COOK

NANCY LYNNE JONES, M.D.
THE MEDICAL EXAMINER

DR. ROBERT J. STEIN INSTITUTE
OF FORENSIC MEDICINE
2121 West Harrison Street
Chicago, Illinois 60612-3705
312/666-0500
FAX 312/997-4516

March 28, 2012

Mrs. Maria De Lourdes Coss
Purchasing Agent
Cook County Purchasing Department
118 N. Clark St. -Rm 1018
Chicago, Illinois 60602-1304

RE: Specifications for Bid for Personal Effects Property Books – Inventory Control

Dear Mrs. Coss,

The Office of the Medical Examiner is submitting the above referenced specification to begin the bidding process to go to the lowest bidder.

Please contact me with any questions or concerns.

Sincerely,


Kimberly R. Jackson, MBA
Executive Officer



BID TABULATION

BID NAME: PERSONAL
BID NUMBER: 102913
BID OPENING DATE: Wednesday, July 11, 2012
BID OPENING TIME: 10:00AM
BUYER NAME: BRENDA BEARD

ITEM #	DESCRIPTION	QUANTITY	UNIT	WORLD'S PRINTING		PAPER SOLUTIONS	
				UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
1	Personal Effects Property Books - Inventory Control County will not accept over or under runs for printing it is vendor's responsibility to print and ship per specifications. Dee specification attached Must deliver one shipment for total quantity within one (1) month of contract award. Deliver to: Office of the Medical Examiner 2121 West Harrison Street Chicago, Illinois 60602	150.00	EACH	\$18.28	\$2,742.00	\$23.95	\$3,592.50
					\$2,742.00		\$3,592.50

COOK COUNTY AWARD CHECKLIST FOR BIDS/RFP's

IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE AWARD CHECKLIST AND CONTACT THE APPROPRIATE DEPUTY P.A. IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED AND RETAINED IN THE PROCUREMENT FILE.

Bids Report Date
Permission to Negotiate Date
Contracts and Bonds Date

Project Description: <u>Book Inventory</u>		
Vendor: <u>World's Print</u>	Award Amount: <u>2,742.00</u>	One-Time <input checked="" type="checkbox"/> Term Agreement <input type="checkbox"/>
Contract No.:	Award Type: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple	Renewals:
Requisition No.: (if known) <u>102913</u>	Start Date:	End Date:
PO No.: (if known)	Contact Person: <u>Charles</u>	Department:
Telephone: <u>312 565-1401</u>	Fax #:	Email:

Funding Type: Institutional State Federal Grant Other:

*IF GRANT FUNDED, ATTACH COPY OF THE APPROVED GRANT AND APPLICATION AND ANY OTHER TERMS AND CONDITIONS OF FUNDING SOURCE THAT MAY APPLY. GRANT FUNDS MUST BE ___ COMMITTED OR ___ SPENT BY DEADLINE: _____ (DATE)

COMPETITIVE SEALED BIDS

<input checked="" type="checkbox"/> Board's Permission to Advertise	<input checked="" type="checkbox"/> Detailed Bid Tabulation	<input type="checkbox"/> 3 Vendor Signed Contracts
<input checked="" type="checkbox"/> Requisition /Bid Specifications	<input checked="" type="checkbox"/> Inventory Checklist	<input type="checkbox"/> Legal Review
<input checked="" type="checkbox"/> Sealed Bid Document	<input type="checkbox"/> Surety Statement	<input type="checkbox"/> Child Support Verification
<input type="checkbox"/> Legal Ad (if applicable)	<input type="checkbox"/> Insurance Certificate/Waiver	<input type="checkbox"/> OIG/EPLS/IL Secretary State
<input type="checkbox"/> M/WBE Vendor Outreach List	<input type="checkbox"/> Payment /Performance Bond	<input type="checkbox"/> Fee Collecting Agencies Approval
<input type="checkbox"/> Bid Notification Letters/Email	<input type="checkbox"/> Unconditional Price Reduction	<input type="checkbox"/> Ethics Verification
<input type="checkbox"/> Addendum #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #___ <input type="checkbox"/>	<input type="checkbox"/> Recommended Awardees' Bid	<input type="checkbox"/> Economic Disclosure Statement
<input type="checkbox"/> Bid Deposit/Bid Bond	<input type="checkbox"/> Department Recommendation Letter	<input type="checkbox"/> Bids Report and Contracts and Bonds Approval
<input type="checkbox"/> Preliminary Bid Tabulation	<input type="checkbox"/> Contract Compliance Letter	

REQUEST FOR PROPOSALS

<input type="checkbox"/> Scope of Services	<input type="checkbox"/> Bid Deposit/Bid Bond	<input type="checkbox"/> Payment Bond/Performance Bond
<input type="checkbox"/> RFP Document	<input type="checkbox"/> Preliminary RFP Tabulation	<input type="checkbox"/> Legal Review
<input type="checkbox"/> Appendix: Scope of Services	<input type="checkbox"/> Inventory Checklist	<input type="checkbox"/> 3 Vendor Signed Contracts
<input type="checkbox"/> Appendix: Schedule of Compensation	<input type="checkbox"/> RFP Evaluation Matrix	<input type="checkbox"/> Contract Compliance Letter
<input type="checkbox"/> Appendix: EDS	<input type="checkbox"/> RFP Pricing Analysis Matrix: Pre-BAFO <input type="checkbox"/> Post-BAFO <input type="checkbox"/>	<input type="checkbox"/> Child Support Verification
<input type="checkbox"/> Appendix: Misc. Attachments	<input type="checkbox"/> RFP Best and Final Offer (BAFO) Letters #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #___ <input type="checkbox"/>	<input type="checkbox"/> OIG/EPLS/IL Secretary State
<input type="checkbox"/> Appendix: Contract	<input type="checkbox"/> Committee Recommendation Letter	<input type="checkbox"/> Fee Collecting Agencies Approval
<input type="checkbox"/> Appendix: Board Approval	<input type="checkbox"/> Dept. Recommendation Letter	<input type="checkbox"/> Ethics Verification
<input type="checkbox"/> M/WBE Vendor Outreach List	<input type="checkbox"/> Economic Disclosure Statement	<input type="checkbox"/> Economic Disclosure Statement
<input type="checkbox"/> RFP Notification Letters/Email	<input type="checkbox"/> Recommended Awardees' Technical and Pricing Proposal	<input type="checkbox"/> Bids Report and Contracts and Bonds Approval
<input type="checkbox"/> Addendum #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #___ <input type="checkbox"/>	<input type="checkbox"/> Insurance Certificate/Waiver	

Spec. Engineer: RB Date: _____ Deputy P.A.: Brendie V. Krutz Date: 7/6/12



COOK COUNTY
OFFICE OF THE CHIEF PROCUREMENT OFFICER
PRELIMINARY BID TABULATION

PROJECT NAME: PERSONAL EFFECTS PROPERTY BOOKS- OFFICE OF THE MEDICAL EXAMINER
CONTRACT NEGOTIATOR: BRENDA BEARD
QUOTE NO.: Q-102913-OR
DUE DATE: JULY 11, 2012

Name of Bidder	Vendor Address	Total Bid Price
World's Printing Paper Solution	Chicago, IL Cedar Rapids, IA	2,742.00 3,592.50

Note: Bids are subject to review for completeness, accuracy, and compliance with all terms and conditions provided in the bid specifications.

Toni Preckwinkle
President
Maria de Lourdes Coss
Chief Procurement Officer

QUOTE# 102913

Personal Effects Property Books – Inventory Control

Attached A Specifications

Item # 1 Personal Effects Property Book – Inventory Control

Numbered 94126 through 105375

Each book will contain thirteen (13) index sheets and seventy-five (75) four-part carbonless form-sets.

Print 15" white registered bond, printing on one side only, black ink, print carbonless form sets, 8.5 x 12.25".

Detached length (8.5 x 11")

Black ink, (all parts print the same, except for red marginal, word at bottom of each part)

Added words in footer:

“COPY 1 – KEEP WITH PROPERTY”

“COPY 2 – TO TRANSPORTER”

“COPY 3 – TO FILE”

“COPY 4 – LEFT ATTACHED TO BOOK”

One consecutive on each form (Part 1 prints red, other parts are crashed numbered) white, canary, pink, goldenrod, carbonless paper parts 1-3 are perforated at binding stub, part 4 is not perforated and will remain in book.

Print one white ^{5/16 8} 4.5 x 12.25" binder board cover for each book, scored at hinge, reinforcing tape.

Cover should be 12pt coated on 1 side (C1S)

Print one back bone label for each book, black ink construct book, 1.23 inch. Binding stub at left stitched in three positions, affix backbone label. (13) index cards offset should be 80lb. standard weight NCR

Vendor to provide camera ready copy.

Proof and negatives, inspection of book required.

NO SUBSTITUTIONS. NO DEVIATIONS. NO EXCUSES.

Please see Brenda Beard, for samples & instructions. (312) 603-5383

OFFICE OF THE MEDICAL EXAMINER

Property Control Book NO. _____

Control Nos.: From _____
To _____

Dates: From _____ 20____
To _____ 20____



118 N. CLARK STREET
ROOM 1018
CHICAGO, ILLINOIS 60602
TEL: 312-603-5370
FAX: 312-603-3179

ADDENDUM NO. 1

DATE: June 21, 2012
PRINTING ,PROPERTY BOOKS
FOR
MEDICAL EXAMINER
DOCUMENT NO. Q-102913-OR

TO: ALL BIDDERS OF RECORD

SUMMARY – GENERAL

- A. General: This addendum revises bid documents. This addendum is issued to bidders of record prior to execution of contract, and forms a part of contract documents and modifies previously issued documents. Insofar as previously issued contract documents are inconsistent with modifications indicated by this addendum, modifications indicated by this addendum shall govern. Where any part of the contract documents are modified by this addendum, all unaltered provisions shall remain in effect.
- B. Bid Form: Acknowledge receipt of this addendum in space provided on bid form on the execution pages. Failure to do so will subject bidder to disqualification.
- C. Attachments: The addendum includes attachments described in this addendum. One copy of each attachment is issued with this addendum, unless otherwise indicated. Check receipt of attachments issued with this addendum.
- D. Filing: Insert attachments in respective contract document in correct sequence and location. Revise specification contents and drawing list to reflect modifications of the addendum, as applicable.

E. Changes:

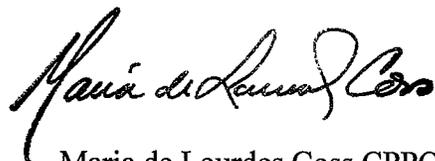
ITEM NO. 1 – QUOTATION—DESCRIPTION OF SERVICES AND LOCATIONS

Change From: 4.5 X 12.25” BINDER BOARD COVER .

Change To: 8.5 X 12.25” BINDER BOARD COVER
Insert the attached revised Quotation Page 1.

Note: Bids are to be delivered to Room 1018.

ORIGINATED BY: *B.D.*
Brenda Beard
Buyer



Maria de Lourdes Coss, CPPO
Chief Procurement Officer *RL*
of Cook County

QUOTE# 102913

Personal Effects Property Books – Inventory Control

Attached A Specifications

Item # 1 Personal Effects Property Book – Inventory Control

Numbered 94126 through 105375

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Detached length (8.5 x 11”)

Black ink, (all parts print the same, except for red marginal, word at bottom of each part)

Added words in footer:

“COPY 1 – KEEP WITH PROPERTY”

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Cover should be 12pt coated on 1 side (C1S)

Print one back bone label for each book, black ink construct book, 1.23 inch. Binding stub at left stitched in three positions, affix backbone label. (13) index cards offset should be 80lb. standard weight NCR

Vendor to provide camera ready copy.

Proof and negatives, inspection of book required.

NO SUBSTITUTIONS. NO DEVIATIONS. NO EXCUSES.

Please see Brenda Beard, for samples & instructions. (312) 603-5383



RETURN THIS QUOTATION TO:
OFFICE OF THE PURCHASING AGENT
COUNTY OF COOK

118 NORTH CLARK ST. ROOM 1018 CHICAGO, ILLINOIS 60602-1375

SEALED BIDS FOR THE FOLLOWING SUPPLIES AND/OR SERVICES
 WILL BE ACCEPTED AT THIS OFFICE UP TO 10:00 A.M.

QUOTATION

This is not an order - submit all
 quotations on this form.

DATE 4/30/2012	BUYER BEARD, BRENDA	BUYER PHONE 312 6035383	ORDER NO. 102913 OR	RESPOND BY 5/18/2012	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 1
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Vendor Address

Product Delivery Point

Medical Examiner
 Robert J. Stein Institute of Forensic Med
 2121 W. Harrison RM 143
 Chicago IL 60612-3706

TERMS AND CONDITIONS

Acceptance: If this bid is accepted by the County within 30 days from date of opening, bidder offers a to furnish any or all of the items upon which prices are quoted, at the price and delivery time stated, s all terms and conditions endorsed hereon.

Bidding: The right is reserved to reject any and all bids; to waive a formality in bids; to award by item Bidders cannot limit the acceptance of bid to less than 30 days.

Errors in Bid: Bidders are cautioned to verify their bids before submission. No bid may be withdrawn after it has been opened. In case of error in extension, unit price will govern.

Deliveries: Bid price must reflect any delivery charges to point designated. Title is to pass at delivery p

Taxes: Materials and services purchased by Cook County are exempt from Federal Excise Tax by virtu exemption certificate #36-75-0038K, from Illinois Retailers' Occupation Tax, Municipal Retailers' Occupation

Tax and all Service Taxes.
 In General: The prices quoted herein shall agree with all Federal Laws and Regulations.

Brand Names: Where brand names, model or part numbers are employed in the description, it is not int that they are restrictive. Where a bidder proposes an "or equal", bidder shall fully describe the item proposed.

INSTRUCTIONS ON MARKING BID ENVELOPE

Before returning bid, mark the envelope in which the bid will be enclosed with the following informati Order Number, Date and Time bid is to be opened. Mark envelope "BID". Vendor is responsible for having quotation in bid box before bid opening date and time.

DELIVERY IN WORKING DAYS _____
 PHONE NUMBER _____
 SIGNED BY _____
 (PLEASE PRINT) _____

DESCRIPTION	QUANTITY ORDERED	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
PERSONAL EFFECTS PROPERTY BOOKS - INVENTORY CONTROL COUNTY WILL NOT ACCEPT OVER OR UNDER RUNS FOR PRINTING. IT IS VENDOR'S RESPONSIBILITY TO PRINT AND SHIP PER SPECIFICATIONS. SEE SPECIFICATION ATTACHED MUST DELIVER ONE SHIPMENT FOR TOTAL QUANTITY WITHIN 1 MONTH OF CONTRACT AWARD. DELIVER TO OFFICE OF THE MEDICAL EXAMINER 2121 W HARRISON ST. CHICAGO, IL 60612 <i>See Attachment A - specifications</i>	150.00	EA		

OFFICE USE ONLY	PURCHASE ORDER #	ADDITIONAL TERMS ON REVERSE SIDE	TOTAL
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RETURN THIS QUOTATION TO:

**OFFICE OF THE PURCHASING AGENT
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018 CHICAGO, ILLINOIS 60602-1375
SEALED BIDS FOR THE FOLLOWING SUPPLIES AND/OR SERVICES
WILL BE ACCEPTED AT THIS OFFICE UP TO 10:00 A.M.

QUOTATION

This is not an order - submit all quotations on this form.

DATE 6/14/2012	BUYER BEARD, BRENDA	BUYER PHONE 312 6035383	ORDER NO. 102913 OR	RESPOND BY 7/11/2012	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 1
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Vendor Address

466 846

*World's Printing
233 N. Michigan
Chicago, IL 60601*

TERMS AND CONDITIONS

Acceptance: If this bid is accepted by the County within 30 days from date of opening, bidder offers and agrees to furnish any or all of the items upon which prices are quoted, at the price and delivery time stated, subject to all terms and conditions endorsed hereon.

Bidding: The right is reserved to reject any and all bids; to waive a formality in bids; to award by item or class. Bidders cannot limit the acceptance of bid to less than 30 days.

Errors in Bid: Bidders are cautioned to verify their bids before submission. No bid may be withdrawn or changed after it has been opened. In case of error in extension, unit price will govern.

Deliveries: Bid price must reflect any delivery charges to point designated. Title is to pass at delivery point.

Taxes: Materials and services purchased by Cook County are exempt from Federal Excise Tax by virtue of exemption certificate #36-75-0038K, from Illinois Retailers' Occupation Tax, Municipal Retailers' Occupation Tax and all Service Taxes.

In General: The prices quoted herein shall agree with all Federal Laws and Regulations.

Brand Names: Where brand names, model or part numbers are employed in the description, it is not intended that they are restrictive. Where a bidder proposes an "or equal", bidder shall fully describe the item proposed.

Product Delivery Point

Medical Examiner
Robert J. Stein Institute of Forensic Med
2121 W. Harrison RM 143
Chicago IL 60612-3706

INSTRUCTIONS ON MARKING BID ENVELOPE

Before returning bid, mark the envelope in which the bid will be enclosed with the following information: Order Number, Date and Time bid is to be opened. Mark envelope "BID". Vendor is responsible for having quotation in bid box before bid opening date and time.

DELIVERY IN WORKING DAYS *20-25*
PHONE NUMBER *312-565-1401*
SIGNED BY *Charles Walden*
(PLEASE PRINT) *Charles Walden*

DESCRIPTION	QUANTITY ORDERED	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
PERSONAL EFFECTS PROPERTY BOOKS - INVENTORY CONTROL COUNTY WILL NOT ACCEPT OVER OR UNDER RUNS FOR PRINTING. IT IS VENDOR'S RESPONSIBILITY TO PRINT AND SHIP PER SPECIFICATIONS. SEE SPECIFICATION ATTACHED MUST DELIVER ONE SHIPMENT FOR TOTAL QUANTITY WITHIN 1 MONTH OF CONTRACT AWARD. DELIVER TO OFFICE OF THE MEDICAL EXAMINER 2121 W HARRISON ST. CHICAGO, IL 60612	150.00	EA	\$18.28	\$2,742.00
OFFICE USE ONLY PURCHASE ORDER #	ADDITIONAL TERMS ON REVERSE SIDE		TOTAL	



RETURN THIS QUOTATION TO:
OFFICE OF THE PURCHASING AGENT
COUNTY OF COOK

118 NORTH CLARK ST. ROOM 1118 CHICAGO, ILLINOIS 60602-1375
 SEALED BIDS FOR THE FOLLOWING SUPPLIES AND/OR SERVICES
 WILL BE ACCEPTED AT THIS OFFICE UP TO 10:00 A.M.

QUOTATION
 This is not an order - submit all
 quotations on this form.

DATE 8/14/2012	BUYER BEARD, BRENDA	BUYER PHONE 312 6096383	ORDER NO. 102913 OR	RESPOND BY 7/11/2012	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 1
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Vendor Address

Paper Solutions
P O BOX 2733
Cedar Rapids IA 52406

Product Delivery Point

Medical Examiner
 Robert J. Stein Institute of Forensic Med
 2121 W. Harrison RM 143
 Chicago IL 60612-3706

DELIVERY IN WORKING DAYS 15
 PHONE NUMBER 319 929 5658 Cell
 SIGNED BY Jordan Jaeger
 (PLEASE PRINT) JORDAN JAEGER

TERMS AND CONDITIONS

Acceptance: If this bid is accepted by the County within 30 days from date of opening, bidder offers and agrees to furnish any or all of the items upon terms prices are quoted, at the price and delivery time stated, subject to all terms and conditions hereof.

Bidding: The right is reserved to reject any and all bids, to waive a formality in bids, to award by item or class. Bidders cannot insist the acceptance of bid to less than 30 days.

Errors in Bid: Bidders are cautioned to verify their bids before submission. No bid may be withdrawn or changed after it has been opened. In case of error in execution, unit price will govern.

Deliveries: Bid price must reflect any delivery charges to point designated. Title is to pass at delivery point.

Taxes: Materials and services purchased by Cook County are exempt from Federal Excise Tax by virtue of exemption certificate #56-73-045388, from Illinois Retailers' Occupation Tax, Municipal Retailers' Occupation Tax and all Service Taxes.

In General: The prices quoted herein shall agree with all Federal Laws and Regulations.

Brand Names: Where brand names, model or part numbers are employed in the description, it is not intended that they are restrictive. Where a bidder proposes an "or equal", bidder shall fully describe the item proposed.

INSTRUCTIONS ON MARKING BID ENVELOPE

Before returning bid, mark the envelope in which the bid will be enclosed with the following information: Order Number, Date and Time bid is to be opened. Mark envelope "BID". Vendor is responsible for having quotation in bid box before bid opening date and time.

DESCRIPTION	QUANTITY ORDERED	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
PERSONAL EFFECTS PROPERTY BOOKS - INVENTORY CONTROL. COUNTY WILL NOT ACCEPT OVER OR UNDER RUNS FOR PRINTING. IT IS VENDOR'S RESPONSIBILITY TO PRINT AND SHIP PER SPECIFICATIONS. SEE SPECIFICATION ATTACHED. MUST DELIVER ONE SHIPMENT FOR TOTAL QUANTITY WITHIN 1 MONTH OF CONTRACT AWARD. DELIVER TO OFFICE OF THE MEDICAL EXAMINER 2121 W HARRISON ST. CHICAGO, IL 60612	150.00	EA	2395	359250
OFFICE USE ONLY PURCHASE ORDER #	ADDITIONAL TERMS ON REVERSE SIDE			TOTAL \$ 359250