



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
729748

Plastic Card Solution Inc
1280 Iroquois Ave Ste 408
Naperville IL 60563-8570

DATE
6/18/2012
F.O.B. POINT

PURCHASE ORDER NO.
181850 - 000- OP
REQUISITION NO.
00103553 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	
2590888	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	P420I PRINTER MAINTENANCE MODEL: P420I SERIAL NUMBER: P420007603 ZONE: A FREQUENCY: 2 TERM: ONE (1) YEAR EFFECTIVE DATE: 8/17/2012 through 7/31/2013	.00 LO	1,489.5000	1,489.50	2590888.540210
***** Total Order *****				1,489.50	

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

Maná de Armas
Date: _____

8/17/12 BA

81 Br New

Report: R58REQ2

Purchase Requisition

Office of the Purchasing Agent
Cook County of Illinois

Purchase Order Number

181850

Requisition # OR 103553 Contract #

Buyer Number 724150 Supervisor 40
Bid/Sole Src Code BSV
Business Unit 2590888
Internal Req Number 22590096
Board Apr Date & Item 5/2/2012
Requisition Date 5/2/2012
Date Needed 5/2/2012

Open Date

Delivery Instructions: TEAM LEAD MAILBOX
Supplier: 299899
OFFICE OF THE MEDICAL EXAMINER
KIMBERLY JACKSON 312-997-4482
Chicago IL 60612-3706

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

1.000 962 P420I PRINTER MAINTENANCE AGREEMENT < > LO 1,489.5000 1,489.50 2590888.540210

MODEL: P420I
SERIAL NUMBER: P420007603
ZONE: A
FREQUENCY: 2
TERM: ONE (1) YEAR
EFFECTIVE DATE: 6/1/2012 - 5/31/2013
WITH OPTION TO RENEW.

Total of Items Ordered 1,489.50

RECEIVED
OFFICE OF THE
PURCHASING AGENT
2012 MAY -3 AM 10:56
BOOKKEEPING

REQUISITIONER: Kimberly Jackson REQUISITION DATE: 5/2/2012 APPROVED BUDGETARY ACCOUNT: PURCHASING USE ONLY

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 unencumbered balance in the account to grant same.

Kimberly Jackson
Kimberly Jackson, M.D.
BUREAU or DEPARTMENT HEAD

CCA _____ APPROVED BUDGETARY ACCOUNT _____
ACCT # _____
DATE _____ BY _____



Cook County Office of the Purchasing Agent

Sole Source Justification

General Information	Date: 6/6/12
Unit/Department: 259 – MEDICAL EXAMINER	Phone No. 312-997-4482
Contact Name: Kimberly R. Jackson, MBA	Email Kimberly.Jackson@cookcountyil.gov

Vendor Information	Requisition No. 22590096/103553OR
Name: Plastic Card Solutions	Purchase Order No.
Address: 1280 Iroquis Ave. Ste 408, Naperville, IL 60563	Contract No.

<p>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.</p> <p>The Intake Division utilizes a P420i plastic card printer and this contract will ensure regular maintenance of such equipment.</p> <p>This will be a 12 month contract.</p> <p>Services will be delivered to the Intake division of the Office of the Medical Examiner (2121 W. Harrison St., Chicago, IL 60612).</p>
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<p>Type. Please select one of the options and explain below.</p> <p> <input checked="" type="checkbox"/> Single Source <input type="checkbox"/> Proprietary/Copyright Restrictions <input type="checkbox"/> Equipment Compatibility <input type="checkbox"/> Patented Product <input checked="" type="checkbox"/> Exclusive or Unique Capability <input type="checkbox"/> Other, please explain </p> <p>Explanation: Why is this product or service the only one that would satisfy the requirement(s)? Plastic Card Solutions is the only vendor that provides the requested services within a contract. This is a maintenance agreement for service as needed within the 1 year timeframe.</p>

<p>Due Diligence. Describe the due diligence performed that led to the conclusion that this is a sole source.</p> <p>Other vendors were contacted and most carriers of this product, only sold the printer. Other vendors no longer sold this product as it is somewhat outdated. Lastly, other vendors did not provide ongoing maintenance and repair services for this printer in a contract. They would only be called upon request and bill accordingly. Therefore, Plastic Card Solutions is the sole provider of this service.</p>

Department Recommendation	
Requestor: Kimberly R. Jackson, MBA	Date: 6/6/12
Department Head: Nancy L. Jones, MD	Date: 6/6/12

Purchasing Agent Approval	
Signature:	Date: 6/27/12

QUOTE# 103553

Toe Tag Printer Maintenance Agreement

Plastic Card Solutions agrees to provide scheduled preventive maintenance service and interim emergency calls as required on P420i Printer, Serial Number P420007603. This agreement covers service done during our normal business hours of 8am to 5pm Monday through Friday (excluding holidays). Service performed at the specific request of the customer outside Plastic Card Solutions normal working hours and is approved by Client with either required purchase order number or authorizing signature will be charged our rates then in effect. There will be no charge for parts. (See items not covered.) This contract is for a period of one (1) year.

THE FOLLOWING SERVICES ARE INCLUDED:

1. Preventative maintenance calls include: cleaning, oiling, adjusting and testing each piece of equipment.
2. Emergency interim calls as required.
3. Furnishing all necessary lubricants and cleaning supplies.
4. Providing and installing, at no additional cost, any parts or assemblies (New or factory reconditioned) due to normal wear. Parts or assemblies for discontinued equipment provided only when available.

THE FOLLOWING ITEMS ARE NOT COVERED:

1. Consumable items such as, but not limited to, ink, tape, ribbons, rate prompts, disks, manuals, print heads, and operator tools.
2. Software, parts and/or assemblies discontinued or not supported by manufacturer.
3. Any problems caused by external forces, loss of electrical power current fluctuations, neglect, abuse, misuse, physical relocation without prior notification to Plastic Card Solutions or any improper supplies/materials.
4. Reprogramming.
5. If serviced by persons other than Plastic Card Solutions Representatives.

PLASTIC CARD SOLUTIONS

1280 Iroquois Ave. Ste. 408

Naperville, IL. 60563

Phone: (888) 746-2346 Fax: (888) 746-1838

MAINTENANCE AGREEMENT

Billing Information: Office of the Medical
Examiner of Cook County
2121 West Harrison
Chicago, IL 60612

P.O. #: _____

Contact Name: Ms. Diane Green
Contact Phone: 312-997-4438 Fax: 312-997-4516

Effective Date: 08/11/12 to 7/31/13 **Model:** P420i Printer **Serial Number:** P420007603

Plastic Card Solutions agrees to provide scheduled preventive maintenance service and interim emergency calls as required on the equipment listed above. This agreement covers service done during our normal business hours of 8 A.M. to 5 P.M. Monday through Friday (excluding holidays). Service performed at the specific request of the customer outside Plastic Card Solutions normal working hours and is approved by Client with either required purchase order number or authorizing signature, will be charged our rates then in effect. There will be no charge for parts. (See items not covered). This contract is for a period of one year.

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2. Emergency interim calls as required.
3. Furnishing all necessary lubricants and cleaning supplies.
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2. Software, parts and/or assemblies discontinued or not supported by manufacturer.
3. Any problems caused by external forces, loss of electrical power current fluctuations, neglect, abuse, misuse, physical relocation without prior notification to Plastic Card Solutions or any improper supplies/materials.
4. Reprogramming.
5. If serviced by persons other than Plastic Card Solutions Representatives.

This agreement does not transfer if equipment is sold or transferred to another location "outside" above listed installed site without prior written authorization from Plastic Card Solutions. This Agreement voids immediately should equipment be tampered with to prevent factory installed safety mechanisms from working. Plastic Card Solutions shall not be responsible for failure to render service for any causes beyond its control including, without limitation, strikes and labor disputes, lockouts, war, Acts of God, fires, storms, accidents, governmental regulations or interference, or other acts beyond its control. The Customer hereby holds Plastic Card Solutions harmless and indemnifies Plastic Card Solutions from any and all acts, errors and omissions and similar activities of the Customer that result from any cause other than Plastic Card Solutions own negligence. The Customer hereby waives any and all express written, oral, implied, or other similar warranties with regard to all of the activities within the scope of this Agreement and specifically understands that only the work being performed by Plastic Card Solutions is warranted herein as indicated herein. In that regard, Plastic Card Solutions shall not be responsible for any consequential damages of the Customer or any damages from any delay caused as indicated herein.

MODEL	SERIAL NUMBER	ZONE	FREQUENCY	DEPT./LOCATION	TERM	AMOUNT
P420i	P420007603	A	2		One Year	\$1,489.50

Customer's Name Agreed to and Accepted: _____

(Print Name)

(Signature)

(Date)

Plastic Card Solution's Authorized Representative: _____

Date: _____

This agreement shall constitute the entire contract between the parties and cannot be modified except in writing signed by both parties. Agreement is VOID if not returned approved by effective date. This Agreement is non-refundable. This Agreement shall not be assigned by customer without prior written acceptance of such assignment by Plastic Card Solutions.

