



**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  
726221

Cerilliant Corp  
811 Paloma Dr Ste A  
Round Rock TX 78664

DATE  
1/17/2013  
F.O.B. POINT

PURCHASE ORDER NO.  
184108 - 000- OP  
REQUISITION NO.  
00104389 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	Page 1 of 1
2590888	

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Medical Supplies - Alcohol NIST TRACEABLE As per attached Vendor Quote #18188, dated January 17, 2013.  Contract Period: One (1) Year from date of award with the option to renew.  Each Item has a One (1) Year Shelf life and will be ordered by the Department on an as needed basis.  All Items must be NIST TRACEABLE	.00 LO	6,992.8500	6,992.85	2590888.521210
***** Total Order *****				6,992.85	

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: \_\_\_\_\_  
*Shirley E. M.* 17 January 2013  
EB