



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
92280

Evergreen Supply Co
9901 S Torrence Ave
Chicago IL 60617

DATE
8/31/2012
F.O.B. POINT

PURCHASE ORDER NO.
182713 - 000- OP
REQUISITION NO.
00105433 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
Juvenile Court
2245 W. Ogden Ave
CHICAGO IL 60612-3785

DELIVERY INSTRUCTIONS

Bob Rasanno 312-603-7719

DEPT NO	
2001113	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Parts, for fallsafe fixture Req# 22000613	200.00 EA	1.7240	344.80	2001113.530275
***** Total Order *****				344.80	

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: _____
Maria de la Cruz
9/21/12 BR

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

81 bk new

Purchase Order Number

182713

Requisition # OR 105433 Contract #

Buyer Number 724151 Supervisor 50
 Bid/Sole Src Code QSP
 Business Unit 2001113
 Internal Req Number 22000613
 Board Apr Date & Item
 Requisition Date 8/27/2012
 Date Needed 8/27/2012

Open Date

Supplier: 92280 Evergreen Supply Co
 9901 S Torrence Ave
 Chicago IL 60617

Delivery Instructions:
 Bob Rasanno
 312-603-7719
 CHICAGO IL 60612-3785

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	Parts, for failsafe fixture	<	200.00	EA	1.7240	344.80	2001113.530275
	Parts, for failsafe fixture	>					
	As per attached quote# S100087037						
	Req# 22000613						
						Total of Items Ordered	344.80

RECEIVED
 OFFICE OF THE
 PURCHASING AGENT
 2012 AUG 27 PM 2:12
 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 unencumbered balance in the account to grant same.

REQUISITIONER *Bob Rasanno 8/27/12*
 BUREAU or DEPARTMENT HEAD

CCA _____ APPROVED BUDGETARY ACCOUNT _____ PURCHASING USE ONLY
 ACCT # _____
 DATE _____ BY _____

BID TABULATION

BID NAME: PARTS FOR FAIL SAFE FIXTURES																				
BID NUMBER: 105433																				
BID OPENING DATE: Friday, August 31, 2012																				
BID OPENING TIME: 10:00AM																				
BUYER NAME: BRENDA BEARD																				
						VENDOR #1:				VENDOR #2:				VENDOR #3:						
						EVERGREEN SUPPLY CO.				STEINE R				GRAYBAR						
						LOCATION														
						UNIT PRICE				UNIT PRICE				UNIT PRICE						
						TOTAL PRICE				TOTAL PRICE				TOTAL PRICE						
1	Parts for failsafe fixtures	200.00	EA		\$1.72	\$344.80			\$2.00	\$400.00			\$2.00	\$400.00						
						\$344.80				\$400.00				\$400.00						

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>PARTS For FOIL SAKE</u>		
Vendor: <u>EVERETT</u>	Award Amount: <u>34483</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>105433</u>	Start Date:	End Date:
PO No.: (if known)	Contact Person: <u>PATRICIA</u>	Department:
Telephone: <u>773 375-4250</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 type="checkbox"/> Board's Permission to Advertise	<input checked="" type="checkbox"/> Detailed Bid Tabulation	<input checked="" 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.: Brenda V. Proctor Date: 9/2/12