

**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
 729290

Perkin Elmer Instruments Inc
 710 Bridgeport Avenue
 Shelton CT 06484

DATE

11/28/2012
 F.O.B. POINT

PURCHASE ORDER NO.

183642 - 000- OP

REQUISITION NO.

00106731 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

MEDICAL EXAMINERS OFFICE
 DARYL 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	VIAL HS 22ml CRIMP NO LOGO 1000/ PACKAGE AS PER QUOTATION NO. SA02103 10 VIALS @ 315.00 EACH = \$3150.00 10% DISCOUNT = -\$315.00 TOTAL \$2835.00	.00 LO	.0000	2,835.00	2590888.530795
***** Total Order *****				2,835.00	

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

Mania de Leon
 12/5/12