



**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
726826

Johnson Controls Inc
4415 W Harrison St
Hillside IL 60162

DATE
12/28/2012
F.O.B. POINT

PURCHASE ORDER NO.
183915 - 000- OP
REQUISITION NO.
00106767 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
Cook County Building
118 N. Clark Street
CHICAGO IL 60602-1304

DELIVERY INSTRUCTIONS

Martin Genda 312-603-6338

DEPT NO

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LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	<p>Energy Reduction Programming Fan Powered Boxes Programming required putting the fan powered boxes into an unoccupied mode to reduce the units from running at night when they are not required for freeze protection.</p> <p>Location: Cook County Building 118 North Clark Street Chicago, Illinois 60602</p> <p>Limited to Floors Three (3), Seven (7) and Nine (9)</p> <p>Provide labor for identifying all affected fan powered VAV boxes</p> <p>Provide programming to un-occupy the fan powered boxes and set-back the temperature requirements to only bring on the units if the space temperature falls below and adjustable set point</p> <p>Provide all programming labor for implementing sequence and for verifying operation</p> <p>Back up all changes</p> <p>Provide overview of repair to the facility engineers</p> <p>Pricing based on work being performed during normal working hours</p> <p>Provide all parts and labor</p> <p>As per attached Vendor Quote dated November 11,</p>	12.00 HR	159.0000	1,908.00	2001108.540380

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: _____

John E. [Signature] 02 January 2013