



**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  
815482

Redwood Toxicology Lab  
3650 Westwind Blvd  
Santa Rosa CA 95403

DATE  
2/13/2013  
F.O.B. POINT

PURCHASE ORDER NO.  
184379 - 000- OP  
REQUISITION NO.  
00107842 OR

COOK COUNTY FEIN: 36-6006541  
ILLINOIS SALES TAX EXEMPT: E-9998-2013-04  
FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K

SHIP TO Sheriff - Boot Camp \*WC  
2801 S Rockwell  
Chicago IL 60602-1304

**DELIVERY INSTRUCTIONS**

Karen Moran  
3391

773-674-

DEPT NO

2360995

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LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Drug testing cups . Must be an eight (8) panel cup to test Amphetamines, THC ( Marijuana), Oplate 300, Cocaine, PCP, Mathamphetamines, Oxycodone and Benzodiazepines. The cup itself must be self-contained. It must include as adulteration strip, results must be available within ten(10) minutes and an accuracy rate 98% or better.	4,200.00 EA	2.6500	11,130.00	2360995.521210
***** Total Order *****				11,130.00	

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

Date: \_\_\_\_\_

*[Signature]* 14 February 2013

*[Signature]*