



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
806684

Products Unlimited Inc
P. O. box 339
Justin TX 76247

DATE
10/12/2011
F.O.B. POINT

PURCHASE ORDER NO.
178486 - 000- OP
REQUISITION NO.
00096493 07

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
Criminal Justice Administration Bldg
2650 S. California Avenue
CHICAGO IL 60608-5145

DELIVERY INSTRUCTIONS

Doug Mika

773-869-7658

DEPT NO

71700200

Page 1 of 1

Table with 6 columns: LINE, FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE, QUANTITY/UOM, UNIT PRICE, EXTENDED PRICE, ACCOUNT NUMBER. Contains two line items for cabinets and a total order row.

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:

Handwritten signature and date: 10/18/11



RETURN THIS QUOTATION TO:  
**OFFICE OF THE PURCHASING AGENT**  
**COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018 CHICAGO, ILLINOIS 60602-1375  
 SEALED BIDS FOR THE FOLLOWING SUPPLIES AND/OR SERVICES  
 WILL BE ACCEPTED AT THIS OFFICE UP TO 10:00 A.M.

*mail*

**QUOTATION**  
 This is not an order - submit all quotations on this form.

DATE 9/21/2011	BUYER BEARD, BRENDA	BUYER PHONE 312 6035383	ORDER NO. 96493 07	RESPOND BY 9/28/2011	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 1
-------------------	------------------------	----------------------------	-----------------------	-------------------------	-----------------------------------------	-------------

Vendor: **"A Small, woman-owned distributor"**  
**Products Unlimited, Inc.**  
 115 E. First St.  
 PO Box 339  
 Justin, TX 76247

*806684*

TERMS AND CONDITIONS

Acceptance: If this bid is accepted by the County within 30 days from date of opening, bidder offers and agrees to furnish any or all of the items upon which prices are quoted, at the price and delivery time stated, subject to all terms and conditions endorsed hereon.

Bidding: The right is reserved to reject any and all bids; to waive a formality in bids; to award by item or class. Bidders cannot limit the acceptance of bid to less than 30 days.

Errors in Bid: Bidders are cautioned to verify their bids before submission. No bid may be withdrawn or changed after it has been opened. In case of error in extension, unit price will govern.

Deliveries: Bid price must reflect any delivery charges to point designated. Title is to pass at delivery point.

Taxes: Materials and services purchased by Cook County are exempt from Federal Excise Tax by virtue of exemption certificate #36-75-0038K, from Illinois Retailers' Occupation Tax, Municipal Retailers' Occupation Tax and all Service Taxes.

In General: The prices quoted herein shall agree with all Federal Laws and Regulations.

Brand Names: Where brand names, model or part numbers are employed in the description, it is not intended that they are restrictive. Where a bidder proposes an "or equal", bidder shall fully describe the item proposed.

Product Delivery Point  
 Facilities Management  
 Criminal Justice Administration Bldg  
 2650 S. California Avenue  
 CHICAGO IL 60608-5145

DELIVERY IN WORKING DAYS 7-10 days  
 PHONE NUMBER 800-865-4683  
 SIGNED BY JTC  
 (PLEASE PRINT) Janey Cooper

INSTRUCTIONS ON MARKING BID ENVELOPE

Before returning bid, mark the envelope in which the bid will be enclosed with the following information: Order Number, Date and Time bid is to be opened. Mark envelope "BID". Vendor is responsible for having quotation in bid box before bid opening date and time.

DESCRIPTION	QUANTITY ORDERED	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
Cabinets Cabinet, extra heavy duty strong hold onl Brand Strong Hold mfg. model# 36-244 Number of shelves 4 Overall height 78 inches Overall width 36 inches Overall depth 24 inches 12 gauge steel-must have legs No installation Ship fully assembled color: Dark gray enamel <b>#36-244</b>	3.00	EA	<b>#902.00</b>	<b>#2,706.00</b>
Cabinets Cabinet heavy duty strong hold only Mfg.model#46-244 Strong Hold Shelf capacity 1200 pounds Number of shelves 4 Height :78 inches Overall width 48 inches Overall depth 24 inches 12 gauge steel No installation Shipped fully assembled Req. #12000104 <b>#46-244</b>	2.00	EA	<b>#1052.00</b>	<b>#2,104.00</b>
OFFICE USE ONLY PURCHASE ORDER #	ADDITIONAL TERMS ON REVERSE SIDE			<b>TOTAL</b> <b>#4,810.00</b>

# Purchase Requisition

Office of the Purchasing Agent  
Cook County of Illinois

Purchase Order Number  
**178486**

Requisition # **07** 96493 Contract #

Ship To: 8000409 Facilities Management Criminal Justice Administration  
2650 S. California Avenue CHICAGO IL 60608-5145

Delivery Instructions:  
Doug Milka  
773-869-7658

Supplier: 299999 TEAM LEAD MAILBOX

Buyer Number 724151 Supervisor 50  
Bid/Sole Src Code QSP  
Business Unit 71700200  
Internal Req Number 12000104  
Board Apr Date & Item  
Requisition Date 5/20/2011  
Date Needed

One Time Purchase  Yes  No Covers Need for \_\_\_\_\_ months. Specific Period of time \_\_\_\_\_ thru \_\_\_\_\_

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 Cabinets Cabinet, extra heavy duty strong hold only		3.00	EA	862.5000	2,587.50	71700200.560422.8300
2,000	578 Cabinets Cabinet heavy duty strong hold only 4UZ09 48" part numbers taken from W W Grainger catalog as point of reference Req. #12000104 2010 CEPM 11/19/09 ID 2331		2.00	EA	1,017.0000	2,034.00	71700200.560422.8300
Total of Items Ordered							4,621.50

*Handwritten notes:*  
The height 78" with 36" >  
Utility Cabinet  
Assembled

CERTIFICATION  
I hereby certify that the items and/or services above are necessary to this department (or institution) and that the depts. 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.

*Signature:* Michael Spence  
REQUISITIONER

BUREAU or DEPARTMENT HEAD

CCA

APPROVED BUDGETARY ACCOUNT PURCHASING USE ONLY

RECEIVED  
OFFICE OF THE  
PURCHASING AGENT

88:2 MW 91 NOV 1102

PROCUREMENT

ACCT # \_\_\_\_\_  
DATE \_\_\_\_\_ BY \_\_\_\_\_

## INSTRUCTIONS FOR DELIVERY AND FOR INVOICING OF GOODS

1. Clearly mark every package with the name of the institution, department or agency to which goods are to be delivered. **MARK ALL PACKAGES WITH THE COOK COUNTY PURCHASE ORDER NUMBER.**
2. Stencil on or attach a tag to every package that bears your own names so the receiving clerk will know from whom the order was shipped.
3. Delivery time, unless otherwise stipulated, is Monday through Friday between 9:00 a.m. and 3:00 p.m.
4. Charge all goods to Cook County.
5. Direct all inquiries and send the original and all appropriate copies of the invoice with the proper Cook County invoice forms (i.e., 29A voucher form) to the following address:  
  
Cook County Department of Purchasing  
118 North Clark Street – Room 1018  
Chicago, Illinois 60602
6. Never include goods furnished on two or more purchase orders on a single invoice.
7. All prices must be in compliance with federal, state, and local regulations.
8. Partial shipments or partial pay warrants will not be considered unless authorized or requested by the Purchasing Agent.
9. The law provides that every person selling goods to Cook County must make invoice form with certification as to the correctness of the bill.
10. Execute certification on the bottom of the invoice before mailing.
11. All pay warrants will be mailed to you by the Cook County Comptroller.
12. **INDEMNITY** – The contractor shall indemnify, keep and save harmless the County, its agents, officials and employees, against all injuries, deaths, loss, damages, claims, patent claims, suits, liabilities, judgments, costs and expenses, which may in anywise accrue against the County in consequence of the granting of this contract of which may in anywise result therefrom, whether or not it shall be alleged or determined that the act was caused through negligence or omission of the Contractor or his employees, of the subcontractor or his employees, if any, or of the County of Cook or its employees, and the Contractor shall, at his own expense, appear, defend, and pay all charges of attorneys and all costs and other expenses, arising therefrom or incurred in connection therewith, and, if any judgment shall be rendered against the County in any such action, the Contractor shall, at his own expense, satisfy and discharge the same. The Contractor expressly understands and agrees that any performance bond or insurance protection required by this contract, or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County as herein provided. If this purchase order covers services, a Certificate of Insurance must be submitted before performance of service.
13. Compliance with the above will help avoid errors and delays.

# CHECKLIST FOR REQUEST FOR QUOTATION SUBMISSION

Here's a check list for you to make sure the bid document you submit is complete.

Incomplete bid documents will not be considered for award so please contact us at [VendorServices@cookcountygov.com](mailto:VendorServices@cookcountygov.com) with your questions, but be sure to allow enough time for us receive your inquiry and reply.

For the bid documents you are submitting, did you:

- FILL OUT the Vendor Address section of the *Request for Quotation* with your name and address, along with the attached Affidavit of Child Support Obligation page.
- Be sure to SIGN the *Request for Quotation*
- DOUBLE CHECK the unit, extended, and total price of the *Request for Quotation* you are submitting.
- READ the Terms and Conditions, Instructions on Marking Bid Envelope directions, located on the front of the *Request for Quotation* page and the Instructions for Delivery and for Invoicing of Goods page.

Finally, make sure you:

- Submit your bid documents on or before the Respond by Date and Time listed at the top of the page.
- Deposit your bid documents in the bid box located in Room 1018 of the County Building, 118 North Clark Street, Chicago, Illinois 60602 before 10:00 a.m. the date of the Bid Opening.
- Send in all pages of the *Request for Quotation*.

Bid documents submitted late or deposited in the wrong location will not be considered for award.

Good luck!

**BID TABULATION**

**BID NAME:** CABINETS  
**BID NUMBER:** 96493  
**BID OPENING DATE:** Wednesday, September 28, 2011  
**BID OPENING TIME:** 10:00 AM  
**BUYER NAME:** BRENDA BEARD

ITEM #	DESCRIPTION	QUANTITY	UNIT	VENDOR #1: PRODUCTS UNLIMITED		VENDOR #2: CICERO MFG		VENDOR #3: RETRIEVAL BUSINESS	
				UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
1	CABINETS, EXTRA HEAVY DUTY STRONG HOLD ONLY MFG. MODEL #36-244 NUMBER OF SHELVES 4 OVERALL HEIGHT 78 INCHES OVERALL WIDTH 36 INCHES OVERALL DEPTH 24 INCHES 12 GAUGE STEEL, MUST HAVE LEGS. NO INSTALLATION. SHIP FULLY ASSEMBLED COLOR: DARK GRAY ENAMEL	3	EA	\$902.00	\$2,706.00	\$899.00	\$2,697.00	\$951.00	\$2,853.00
2	CABINETS, HEAVY DUTY BRAND: STRONG HOLD ONLY MFG. MODEL #46-244 SHELF CAPACITY 1200 POUNDS NUMBER OF SHELVES 4 HEIGHT 78 INCHES OVERALL WIDTH 48 INCHES OVERALL DEPTH 24 INCHES 12 GAUGE STEEL NO INSTALLATION SHIPPED FULLY ASSEMBLED REQ #12000104	2	EA	\$1,052.00	\$2,104.00	\$1,099.00	\$2,198.00	\$1,170.00	\$2,340.00
					\$4,810.00		\$4,895.00		\$5,193.00



CABINETS

FACILITIES MANAGEMENT

DUE DATE: Wednesday Sept. 28, 2011 AT 10:00AM Quote Q-96493-OR- B. Beard

VENDOR NAME	VENDOR ADDRESS	VENDOR AMOUNT
1 Referral Business	3268 Bear Tooth Bettendorf, IA 52722	5,190.00
2 Cicero Manf. Sply	1849 Elmdale Ave Glenview, IL 60026	4,895.00
3 Products Unlimited	115 E. First St Justin, TX 76247	4,810.00
4 C+H	770 South 70th St Milwaukee, WI 53214	6,198.79
5 AMS Midwest	1540 E. Dundee PALATINE, IL 60074	5,493.00
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		