



**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
812095

InteGreat Technology Solutions
800 Provincetown Dr
Carol Stream IL 60188

DATE
10/22/2011
F.O.B. POINT

PURCHASE ORDER NO.
178592 - 000- OP
REQUISITION NO.
00098741 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 - Court Serv Dpt-- Rm 705	DELIVERY INSTRUCTIONS	VINCE COOK	312-603-	DEPT NO	
	Richard J. Daley Center				2301028	Page 1 of 1
	50 W. Washington Street - RM 705		4567			
	Chicago IL 60602-3002					

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	ZEBRA-Z SELECT 2"WIDE X 1"LONG-ZEBRA Z SELECT 4000T -1"ID 5" OD, NON-PERFORATED, 2260 LABELS/ROLL. ITEM# 83259 8 ROLLS PER BOX	44.00 BX	62.9900	2,771.56	2301028.530275
2.00	ZEBRA 5319 PERFORMANCE WAX-244FT.-.5"ID, ITEM# Q5319GS06407, 2.5"WIDE X 244'LONG-ZEBRA 5319 WAX RIBBON. 12 ROLLS PER BOX. SHIPPING IS TO BE INCLUDED IN BID. TO BE DELIVERED ON A AS NEEDED BASIS. CONTRACT PERIOD ONE(1)YEAR FROM DATE OF PURCHASE ORDER.	30.00 BX	29.9900	899.70	2301028.530275
***** Total Order *****				3,671.26	

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:

Mania de la Cruz
10/24/11 BN

Purchase Requisition
Office of the Purchasing Agent
Cook County of Illinois

Purchase Order Number
178593

Requisition # **OR 98741** Contract #

Ship To: 8000915 Sheriff - Court Serv Dpt- Rm
Richard J. Daley Center
50 W. Washington Street - RM 7
Chicago IL 60602-3002

Supplier: 299999 TEAM LEAD MAILBOX
Delivery Instructions:
VINCE COOK
312-603-4567

Buyer Number 299999 TEAM LEAD MAILBOX
Bid/Sole Src Code OSP
Business Unit 2301028
Internal Req Number 112300013
Board Apr Date & Item
Requisition Date 8/5/2011
Date Needed 8/5/2011

One Time Purchase Yes No Covers Need for months. Specific Period of time thru Prior Contract No. Expiration Date Emergency No.

Line #	Commodity Description	Quantity	UOM	Est. Unit Cost	Extended Cost	Business Unit and Object Account
1.000	578 ZEBRA-Z SELECT 4000T-1"ID	44.00	EA	65.0000	2,860.00	2301028.530275
	2"WIDE X 1"LONG-ZEBRA Z SELECT 4000T LABELS, NON-PERFORATED, 2260 LABELS/ROLL.					
2.000	578 ZEBRA 5319 PERFORMANCE	30.00	EA	32.0000	960.00	2301028.530275
	ITEM# 05319GS06407, 2.5"WIDE X 244L LONG-ZEBRA 5319 WAX RIBBON.					
	SHIPPING IS TO BE INCLUDED IN BID.					
	TO BE DELIVERED ON AAS NEEDED BASIS. 12/13X					

*Contract Revised upon Invoice
12/13X
174 1024*

Total of Items Ordered 3 820.00

Recommended Supplier List: A/B Number Supplier Name
75416 Imprint Enterprises
748944 Barcode Source Inc

RECEIVED
OFFICE OF THE
PURCHASING AGENT
2011 AUG -5 AM 10:12
PROCUREMENT

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

Debra Stewart

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

REQUISITIONER BUREAU or DEPARTMENT HEAD

ACCT # _____
DATE _____ BY _____



PURCHASE REQUISITION

Office of the Purchasing Agent

Document Type

P.O. Number

STOREROOM NO.	EMERGENCY NO.	BUYER NO.	BUSINESS UNIT	ACCOUNT	OPEN DATE	INTERNAL REQ#	SYSTEM REQ#	DATE	
		2301028	Department Court Services Department	530275		112300013		8/2/2011	
Deliver To: Daley Center 50 W. Washington St. Rm. 705 Chicago, IL 60602			Department Court Services Department			Barcode Source Inc 748944 Imprint Enterprises 75416			
Attention: Vince Cook		Telephone No. 1-312-603-4567		Hospital Acct No.					
BID	ONE-TIME PURCHASE: Y <input type="checkbox"/> N <input type="checkbox"/>		Board OK date to Bid/Enter into contract and agenda item No.			Date Needed:			
SOLE SOURCE	COVERS NEED FOR MONTHS		Item						
SPECIFIC PERIOD OF TIME:			PRIOR CONTRACT NO:						
			EXPIRATION DATE:						
Commodity Code	Full Description of Need		Balance on Hand	Unit of Meas.	Quantity	EST. Unit Cost	EST. Extended Cost		
	Cash Register Operational Supplies								
	Zebra Z-Select 4000T-1"TD 5"OD			Box	44	\$65.00	\$2,860.00		
	Item# 83259 8 rolls/box								
	2" wide X 1" long - Zebra Z-Select 4000T								
	Labels, Non-Perforated, 2260 Labels/Roll								
	Zebra 5319 Performance Wax-244ft.-5"TD			Box	30	\$32.00	\$960.00		
	Item# 05319GS06407 12 rolls/box								
	2.5" wide X 244' long - Zebra 5319 Wax								
	Ribbon								
	Shipping to be included in bid price								
	To be delivered on a as needed basis							Total: \$3,820.00	
CERTIFICATE OF NECESSITY I hereby certify that the items and or services listed above are necessary in this Department (or) institutions and that they are for purposes for which an appropriation was approved by the board of County Commissioners and that there is a sufficient unencumbered balance to grant same.			CCA	Hospital Finance Dept.					PURCHASING USE ONLY
REQUISITIONER Signature		BUREAU OR DEPARTMENT HEAD Signature		APPROVED BUDGETARY ACCOUNT BY DEPT. OF BUDGET MGT. SVS. ACCT # _____ DATE _____					

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 10/19/11
 Permission to Negotiate Date _____
 Contracts and Bonds Date _____

Project Description: Labels
 Vendor: Intergraph Tech. Award Amount: 3671.26 One-Time Term Agreement
 Contract No.: _____ Award Type: Single Multiple Renewals: _____
 Requisition No.: (if known) 98241 Start Date: _____ End Date: _____
 PO No.: (if known) 178 592 Contact Person: GARY W. Department: _____
 Telephone: 866 264 1269 Fax #: _____ Email: _____
 Cost Savings: 148.74
 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 checked="" 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"/> 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 checked="" 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"/> 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"/> Insurance Certificate/Waiver	

Spec. Engineer: B.R. Date: 10/22/11 Deputy P.A.: Brandie V. Frayze Date: 10/24/11
 Rev. [6/3/2011]

Labels/Roll-Zebra-Zebra Z select 2" Wide X 1" Long-Zebra Select 4000T-1" -ID 5' OD

Sheriff-Court Services Division

DUE DATE: Wednesday October 19th 2011 AT 10:00 AM QUOTE -Q-98741-OR B. BEARD

VENDOR NAME	VENDOR ADDRESS	VENDOR AMOUNT
1 Business Services	P.O. Box 3488 St. Petersburg, FL 33713	4070.52 2,991.12
2 Integrat Tech Sol.	800 Provincial Town Dr Carol Stream, IL 60188	3,671.26
3 Indi Enterprises	Carol Stream, IL 60188	3,870.26
4 Scan Technology IUC	2114 S.W. 76 th Terrace Gainesville, FL 32607	3,915.22
5 Aprisa Tech	34 Lumber Road Roslyn, NY 11576	Late Bid.
6 Barcode Label	10745 Stephen Terrace Culver City, CA 90230	Late Bid
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[Handwritten signature]
10/19/11



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.

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

DATE 10/7/2011	BUYER BEARD, BRENDA	BUYER PHONE 312 6035383	ORDER NO. 98741 OR	RESPOND BY 10/19/2011	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 1
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Vendor Address

812095
INTEGRAT Technology Solutions
800 Provincetown Drive
Carol Stream, IL 60188

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 herein.

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

Sheriff - Court Serv Dpt-- Rm 705
 Richard J. Daley Center
 50 W. Washington Street - RM 705
 Chicago IL 60602-3002

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.

DELIVERY IN WORKING DAYS 30 days
 PHONE NUMBER 866-264-1269
 SIGNED BY [Signature]
 (PLEASE PRINT) Gary Winkelman

DESCRIPTION	QUANTITY ORDERED	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
ZEBRA-Z SELECT 2"WIDE X 1"LONG-ZEBRA Z SELECT 4000T -1"ID 5" OD, NON-PERFORATED, 2260 LABELS/ROLL. ITEM# 83259 8 ROLLS PER BOX	44.00	BX	\$62.99	\$2771.56
ZEBRA 5319 PERFORMANCE WAX-244FT. - .5"ID. ITEM# 05319GS06407, 2.5"WIDE X 244' LONG-ZEBRA 5319 WAX RIBBON. 12 ROLLS PER BOX. SHIPPING IS TO BE INCLUDED IN BID. TO BE DELIVERED ON A AS NEEDED BASIS. CONTRACT PERIOD ONE(1)YEAR FROM DATE OF PURCHASE ORDER.	30.00	BX	\$29.99	\$899.70
OFFICE USE ONLY PURCHASE ORDER #	ADDITIONAL TERMS ON REVERSE SIDE			TOTAL \$3671.26

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 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!