



**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
835293

Ancorro Corp
18 W 100 22nd Street #115
Oakbrook Terrace IL 60181

DATE
1/23/2012
F.O.B. POINT

PURCHASE ORDER NO.
179768 - 000- OP
REQUISITION NO.
00099529 OR

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

SHIP TO	Adult Probation - Administration Cook County Administration Offices 69 W Washington Ste 1940 Chicago IL 60602	DELIVERY INSTRUCTIONS	Maureen Noonan	312-603-	DEPT NO	5321453	Page 1 of 1
			0281				

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	MOVING VAN PROFESSIONAL MOVING COMPANY TO RELOCATE ADULT PROBATION DEPARTMENT FURNISHINGS, OFFICE MACHINES AND OTHER MISCELLANEOUS ITEMS TO VARIOUS ADULT PROBATION DEPARTMENT LOCATIONS. THE MOVE WILL ORIGINATE FROM OFFICE LOCATED AT 533 EAST 103RD STREET CHICAGO, IL GOING TO 4734 W. CHICAGO AVE, CHICAGO, IL.	8.00 HR	25.0000	200.00	5321453.520835
2.00	MOVERS, PROFF. (MEN) FOUR PROFESSIONAL MOVING MEN ADULT PROBATION DEPARTMENT WILL CONTACT VENDOR TO ARRANGE DATE AND TIME OF WORK. BIDDER WILL SUBMIT INSURANCE CERTIFICATE WITH BID. NAMING COOK COUNTY AS AN ADDITIONAL INSURED.	4.00 EA	232.0000	928.00	5321453.520835
***** Total Order *****				1,128.00	

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.

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.

PURCHASING AGENT

Date:

Authorized Signature: _____

Date: _____

Purchase Requisition

Office of the Purchasing Agent
Cook County of Illinois

Purchase Order Number

818
179768

Requisition # **OR 99529** Contract #

Ship To: 8000005 Adult Probation - Administrati

Cook County Administration Of
69 W Washington Ste 1940
Chicago IL 60602

Supplier: 299999 TEAM LEAD MAIL BOX

Buyer Number 724149 Supervisor 80
Bid/Sole Src Code 5321453
Business Unit
Internal Req Number 15324059
Board Apr Date & Item
Requisition Date 9/27/2011
Date Needed 9/27/2011

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

Line # Commodity Description Bal. on Hand Quantity UOM Est. Unit Cost Extended Cost Business Unit and Object Account

1.000 961 MOVERS, PROFESSIONAL. < > 1.00 JB 1.0000 1.00 5321453 520835

PROFESSIONAL MOVING COMPANY TO RELOCATE ADULT PROBATION DEPARTMENT FURNISHINGS, OFFICE MACHINES AND OTHER MISCELLANEOUS ITEMS TO VARIOUS ADULT PROBATION DEPARTMENT LOCATIONS:
THE MOVE WILL ORIGINATE FROM OFFICE LOCATED AT 533 EAST 103RD STREET.
MOVING VAN @ \$45 PER HOUR: 8 HOURS = \$360
PROFESSIONAL MOVERS FOUR (4) @ \$45 PER HOUR: 8 HOURS EXCH = \$1,440
SUPERVISOR ONE (1) @ \$52 PER HOUR: 8 HOURS = \$416
ADULT PROBATION DEPARTMENT WILL CONTACT VENDOR AFTER DECEMBER 1, 2011 TO ARRANGE DATE AND TIMES OF MOVE.
ESTIMATED COST: \$2,216 TO BE ENCUMBERED FROM FY-2012 BUDGET.

Total of Items Ordered 1.00

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

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

ACCT #

DATE BY

PROVIDED
15:06 MW 62 SEP 11 02
RECEIVED
OFFICE OF THE
PURCHASING AGENT

Dolores E. Sims
REQUISITIONER
BUREAU OF DEPARTMENT HEAD
Director of Finance



STATE OF ILLINOIS
CIRCUIT COURT OF COOK COUNTY
ADULT PROBATION DEPARTMENT

Timothy C. Evans
Chief Judge

Jesús Reyes, AM, LCSW
Acting Chief Probation Officer

GEORGE W. DUNNE
COOK COUNTY OFFICE BUILDING
69 WEST WASHINGTON STREET, SUITE 1940
CHICAGO, ILLINOIS 60602
TEL: (312) 603-0240
FAX: (312) 603-9993
TDD: (773) 869-6880

December 19, 2011

Ms. Maria De Lourdes Coss
Purchasing Agent
118 North Clark Street
Room 1018 – County Building
Chicago, Illinois 60602

Dear Ms. Maria De Lourdes Coss:

We have reviewed the tabulations for purchase requisition #99529 and recommend award to the lowest qualified bidder meeting specifications, Amcorro Corporation in the amount of \$1,128.00.

If additional information is required, please advise.

Sincerely,

Maureen Noonan
Purchaser

/mn
Attach.



Celebrating 100 Years

Instilling Responsibility. Providing Opportunities. Creating a Safer Community



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 11/28/2011	BUYER BEARD, BRENDA	BUYER PHONE 312 6035383	ORDER NO. 99529 OR	RESPOND BY 12/14/2011	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 1
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Vendor Address

261586332
AMCORRO CORP.
18W100 22nd St, #115
OAKBROOK TERRACE, IL, 60181

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

Adult.Probation - Administration
 Cook County Administration Offices
 69 W Washington Ste 1940
 Chicago IL 60602

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 7
 PHONE NUMBER 630-743-6214
 SIGNED BY *Vito Bloze*
 (PLEASE PRINT) VITO BLOZE

DESCRIPTION	QUANTITY ORDERED	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
MOVING VAN PROFESSIONAL MOVING COMPANY TO RELOCATE ADULT PROBATION DEPARTMENT FURNISHINGS, OFFICE MACHINES AND OTHER MISCELLANEOUS ITEMS TO VARIOUS ADULT PROBATION DEPARTMENT LOCATIONS. THE MOVE WILL ORIGINATE FROM OFFICE LOCATED AT 533 EAST 103RD STREET CHICAGO, IL GOING TO 4734 W. CHICAGO AVE, CHICAGO, IL.	8.00	HR	25.00	200.00
MOVERS, PROFF. (MEN) FOUR PROFESSIONAL MOVING MEN ADULT PROBATION DEPARTMENT WILL CONTACT VENDOR AFTER DECEMBER 15, 2011 TO ARRANGE DATE AND TIME OF WORK. BIDDER WILL SUBMIT INSURANCE CERTIFICATE WITH BID. NAMING COOK COUNTY AS AN ADDITIONAL INSURED.	4.00	EA	232.00/day	928.00
OFFICE USE ONLY PURCHASE ORDER #	ADDITIONAL TERMS ON REVERSE SIDE		TOTAL	
			1128.00	

COOK COUNTY AFFIDAVIT OF CHILD SUPPORT OBLIGATIONS

Effective July 1, 1998, every applicant for a County Privilege shall be in full compliance with any Child Support Order before such applicant is entitled to receive a County Privilege. When Delinquent Child Support Exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

"Applicant" means any person or business entity, including all Substantial Owners, seeking issuance of a County Privilege or renewal of an existing County Privilege from the County. This term shall not include any political subdivision of the federal or state government, including units of local government, and not-for-profit organizations.

"County Privilege" means any business license, including but not limited to liquor dealers' licenses, packaged goods licenses, tavern licenses, restaurant licenses, and gun licenses; real property license or lease; permit, including but not limited to building permits, zoning permits or approvals; environmental certificate; County HOME Loan, and contracts exceeding the value of \$10,000.00.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Applicants/Substantial Owners are required to complete this affidavit and comply with the Child Support Enforcement Ordinance before any privilege is granted. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information.

Privilege Information:

County Quotation Number: 99529 OR
County Department: OFFICE OF THE PURCHASING AGENT

Applicant Information:

Last name: PUPELYTE First Name: DAIVA MI: _____
SS# (Last Four Digits): 4 2 6 9
Street Address: 32 OAK COURT
City: LEMONY State: ILLINOIS Zip: 60439
Home Phone: (630) 242-6368 Drivers License No: P143-16073704

Child Support Obligation Information:

The Undersigned applicant, being duly sworn on oath or affirmation hereby states that to the best of my knowledge (place an "X" next to "A", "B", "C", or "D").

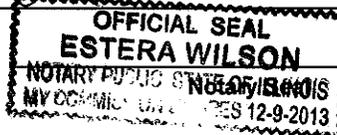
- A. The Applicant has no judicially or administratively ordered child support obligations.
 B. The Applicant has an outstanding judicially or administratively ordered obligation, but is paying in accordance with the terms of the order.
 C. The Applicant is delinquent in paying judicially or administratively ordered child support obligations
 D. The Applicant is not a substantial owner as defined above.

The Undersigned applicant understands that failure to disclose any judicially or administratively ordered child support debt owed will be grounds for revoking the privilege.

Signature: [Signature] Date: 12.05.2011

Subscribed and sworn to before me this 5th day of December, 2011

X [Signature]
Notary Public Signature





CERTIFICATE OF LIABILITY INSURANCE

AMCOR-1

OP ID: MM

DATE (MM/DD/YYYY)
01/23/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURHAUS HQ 18W100 22nd St Ste115 Oakbrook Terrace, IL 60181 Saullus Janusonis	630-786-0685 630-495-6039	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):																				
	INSURED Amcorro Corp. 18W100 22nd St Suite 116 Oakbrook Terrace, IL 60181		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Rockford Mutual Insurance</td> <td>27065</td> </tr> <tr> <td>INSURER B:</td> <td>Artisan & Truckers Casualty Co</td> <td>10194</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Rockford Mutual Insurance	27065	INSURER B:	Artisan & Truckers Casualty Co	10194	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER F:																							

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	MODE SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		COIL012451	07/20/11	07/20/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000								
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		08287840-0	10/18/11	10/18/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$								
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<table border="1"> <tr> <td>W/C STATUTORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	W/C STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT
W/C STATUTORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 FOR SCHEDULE AUTOS PLEASE CONTACT AGENCY;

CERTIFICATE HOLDER

CANCELLATION

County of Cook Office of the Purchasing Agent 118 N Clark St #1018 Chicago, IL 60602	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Saullus Janusonis
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PROFESSIONAL MOVING SERVICES

ADULT PROBATION

DUE DATE: WEDNESDAY, DECEMBER 14, 2011 at 10:00 a.m.

Q-99529-OR

VENDOR NAME	VENDOR ADDRESS	BID AMOUNT
01. COMMERCIAL FND	7050 FIVERTON CT COTTAGE GROVE, MA	2,464.00
02. AMCORRO CORP.	18W100 2ND ST OAKBROOK TOWNSHIP, IL	1,128.00
03.		
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BID TABULATION

BID NAME: Moving Van
BID NUMBER: 99529 OR
BID OPENING DATE: Wednesday, December 14, 2011
BID OPENING TIME: 10:00AM
BUYER NAME: BRENDA BEARD

VENDOR #1:
 Amcorro Corp.
VENDOR #2:
 Commerical Indust.

ITEM #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
1	Moving Van Professional moving compnay to relocate adult probation department Furnishing. Office Machines and other miscellaneous items to various Adult probation department locations	8	HR	\$ 25.00	\$ 200.00	\$ 72.00	\$ 576.00
2	Movers, Prof. (MEN) Four professional moving men Adult probation department will contact vendor after December 15, 2011 to arrange date and ime.	4	EA	\$ 232.00	\$ 928.00	\$ 472.00	\$ 1,888.00
Total:					\$ 1,128.00		\$ 2,464.00