



**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**  
800069

Apex Pinnacle  
P O Box 449  
Port Crane NY 13833

**DATE**  
3/4/2012  
F.O.B. POINT

**PURCHASE ORDER NO.**  
**180318 - 000- OP**  
**REQUISITION NO.**  
00099624 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  
R.J. Stein Institute of Forensic Medici  
2121 W. Harrison Street  
CHICAGO IL 60612-3706

**DELIVERY INSTRUCTIONS**  
Jim Viktora 773-674-3291

DEPT NO	
2001118	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Kit, mechanical seal Replacement parts for Aurora Centrifual Pump type 344A-BF Model 80-7438-1 Size 5 x 6 x12 GPM 900 Head 100 feet 30Hp motor 1750 rpm Kit, Mechanical seal	4.00 EA	315.0000	1,260.00	2001118.530275
***** Total Order *****				1,260.00	

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:**

*Mania de la Cruz*  
3/8/12 BR



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 2/15/2012	BUYER BEARD, BRENDA	BUYER PHONE 312 6035383	ORDER NO. 99624 OR	RESPOND BY 2/29/2012	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 1
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APEX PINNACLE  
 PO BOX 449  
 16 CANAL ST  
 PORT CRANE, NY 13833

800069

TERMS AND CONDITIONS

Acceptance: If this bid is accepted by the County within 30 days from date of opening, bidder offers a to furnish any or all of the items upon which prices are quoted, at the price and delivery time stated, s 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 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 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 p

Taxes: Materials and services purchased by Cook County are exempt from Federal Excise Tax by virtue 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 int that they are restrictive. Where a bidder proposes an "or equal", bidder shall fully describe the item proposed.

**Product Delivery Point**

Facilities Management  
 R.J. Stein Institute of Forensic Medicin  
 2121 W. Harrison Street  
 CHICAGO IL 60612-3706

DELIVERY IN WORKING DAYS 21-30 days ARO  
 PHONE NUMBER 6076485889  
 SIGNED BY Tanya Bush  
 (PLEASE PRINT) Tanya Bush

**INSTRUCTIONS ON MARKING BID ENVELOPE**

Before returning bid, mark the envelope in which the bid will be enclosed with the following informati 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
Kit, mechanical seal Replacement parts for Aurora Centrifual Pump type 344A-BF Model 80-7438-1 Size 5 x 6 x12 GPM 900 Head 100 feet 30Hp motor 1750 rpm Kit, Mechanical seal	4.00	EA	315.00	1260.00
				<b>TOTAL</b>

OFFICE USE OR PURCHASE ORDER #	ADDITIONAL TERMS ON REVERSE SIDE	1260.00
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**MECHANICAL SEAL KIT**  
**REPLACEMENT PARTS FOR AURORA**  
**CENTRIFUGAL PUMP 80-7438-1**  
**FACILITIES MANAGEMENT DEPT**  
**DUE DATE: FEBRUARY 29, 2012 at 10:00 AM**  
**Q-99624 OR BRENDA BEARD**

VENDOR NAME	VENDOR ADDRESS	BID AMOUNT	
01.	Indie Ent	Carol Stream, IL	\$ 1,436.36
02.	Apex Pinnacle	Port Crane, NY	\$ 1,260.00
03.	GMD Thermal	Chgo., IL	1,352.00
04.	Anderson Pump	Brookfield, .WS	1,309.80
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