

INVITATION FOR BID BOSSAP CENTRAL MANAGEMENT SERVICES		SOLICITATION NO. : 223459 BID OPEN DATE/TIME: NOV 03, 2008 11:00 AM																								
FEIN/SSN NO.: 		RETURN IN SEALED ENVELOPE TO: BOSSAP CENTRAL MANAGEMENT SERVICES **405 STRATTON OFF.BLDG** 401 SOUTH SPRING STREET SPRINGFIELD, IL 62706 OUTSIDE OF ENVELOPE SHOULD BE MARKED AS FOLLOWS: SOLICITATION NO.: 223459 DATE: 11/03/08 TIME: 11:00 AM																								
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">MARY KAY GONTERMAN</td> </tr> <tr> <td>BUYER PHONE NO.</td> <td>: (217) 785-3867</td> </tr> <tr> <td>DATE ISSUED</td> <td>: 09/25/08</td> </tr> <tr> <td>REQ. AGENCY</td> <td>:</td> </tr> <tr> <td>MULTIPLE AGENCIES</td> <td></td> </tr> <tr> <td>AGENCY REQ. NO.</td> <td>: MULTIPLE</td> </tr> <tr> <td>REQ. NO.</td> <td>: MULTIPLE</td> </tr> <tr> <td>FISCAL YEAR</td> <td>: 2009</td> </tr> <tr> <td>CLASS/SUBCLASS</td> <td>: 5142359</td> </tr> <tr> <td>SCHEDULED BEGIN DATE</td> <td>: 00/00/00</td> </tr> <tr> <td>SCHEDULED END DATE</td> <td>: 00/00/00</td> </tr> <tr> <td>T-NUMBER</td> <td>:</td> </tr> </table>	MARY KAY GONTERMAN		BUYER PHONE NO.	: (217) 785-3867	DATE ISSUED	: 09/25/08	REQ. AGENCY	:	MULTIPLE AGENCIES		AGENCY REQ. NO.	: MULTIPLE	REQ. NO.	: MULTIPLE	FISCAL YEAR	: 2009	CLASS/SUBCLASS	: 5142359	SCHEDULED BEGIN DATE	: 00/00/00	SCHEDULED END DATE	: 00/00/00	T-NUMBER	:
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PSD CONVENIENCE FOODS 09-3																										
TO BE COMPLETED BY VENDOR																										
1. _____ PLEASE REMOVE FROM THIS COMMODITY CODE. 2. _____ DELIVERY WILL BE MADE IN THIS NUMBER OF DAYS AFTER RECEIPT OF ORDER (IF APPLICABLE). 3. _____ % CASH DISCOUNT FOR PROMPT PAYMENT IF MADE WITHIN THIRTY (30) DAYS. CASH DISCOUNTS FOR LESS THAN 30 DAYS OR LESS THAN 1% WILL BE ACCEPTED, BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS. ON INDEFINITE QUANTITY TERM CONTRACTS, CASH DISCOUNTS WILL BE ACCEPTED AND TAKEN BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS. 4. _____ BID/PROPOSAL REFERENCE NUMBER. THIS NUMBER WILL APPEAR ON RESULTING ORDER OR CONTRACT.																										
STANDARD TERMS & CONDITIONS																										
PURSUANT TO THE ILLINOIS PROCUREMENT CODE (30 ILCS 500), WE ARE REQUESTING OFFERS FROM RESPONSIBLE VENDORS TO FILL THE STATE'S NEEDS AS DESCRIBED IN THIS SOLICITATION. PLEASE MAKE AND RETAIN A COPY OF THIS BID FOR YOUR RECORDS. PLEASE PROVIDE ALL OF THE INFORMATION REQUESTED BELOW:																										
_____ BIDDING FIRM	_____ CONTACT PERSON (PLEASE PRINT)	_____ TITLE																								
_____ STREET ADDRESS	_____ CITY, STATE, ZIP CODE	_____ TELEPHONE NO. (TOLL FREE IF AVAILABLE)																								
_____ FEDERAL EMPLOYER IDENTIFICATION NUMBER		_____ EMAIL ADDRESS																								
_____ ILLINOIS DEPARTMENT OF HUMAN RIGHTS NUMBER (SEE PARAGRAPH 1.26)																										
THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT EACH OF THE CERTIFICATIONS SHALL BE INCORPORATED INTO AND MADE A PART OF THE INVITATION FOR BID, CONTRACT, ORDER DOCUMENT, AMENDMENT, RENEWAL, OR OTHER SIMILAR DOCUMENT TO WHICH THESE CERTIFICATIONS ARE ATTACHED.																										
VENDOR PHONE NUMBER : FAX NUMBER :	TITLE	DATE																								
SIGNATURE OF BIDDER (MUST BE SIGNED IN INK)																										

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PLEASE READ THE ENTIRE SOLICITATION PACKAGE AND SUBMIT YOUR OFFER IN ACCORDANCE WITH THE INSTRUCTIONS. IF YOU ARE INTERESTED AND ABLE TO MEET THE REQUIREMENTS SET FORTH IN THIS SOLICITATION, WE WOULD APPRECIATE AND WELCOME AN OFFER.

THIS INVITATION FOR BID CONSISTS OF THE FOLLOWING PARTS:

1. SIGNATURE PAGE. PAGE 1 OF THIS INVITATION TO BID MUST BE SIGNED IN INK AND RETURNED WITH YOUR INVITATION FOR BID.
2. INSTRUCTIONS FOR SUBMITTING YOUR BID.
3. STANDARD TERMS AND CONDITIONS. CONSISTS OF STANDARD TERMS AND CONDITIONS AND DISCLOSURES.
4. SPECIAL TERMS AND CONDITIONS. CONSISTS OF TERMS AND CONDITIONS THAT ARE SPECIFIC TO THIS INVITATION FOR BID.
5. PRICE SHEET. CONSISTS OF DETAILED DESCRIPTION OF SUPPLIES REQUESTED. YOU MUST SUPPLY THE INFORMATION SPECIFICALLY REQUESTED (FOR EXAMPLE, IDENTIFICATION OF MODEL NUMBER AND MANUFACTURER) AND PRICING.
6. CERTIFICATIONS.

INSTRUCTIONS FOR SUBMITTING YOUR BID:

1.1 STATUTORY CITATIONS. THIS SOLICITATION IS GOVERNED BY ILLINOIS LAW. YOU WILL FIND A NUMBER OF STATUTORY REFERENCES IN THE SOLICITATION THAT ARE DESIGNATED 'ILCS.' THE OFFICIAL TEXT CAN BE FOUND IN THE APPROPRIATE CHAPTER AND SECTION OF THE ILLINOIS COMPILED STATUTES. AN UNOFFICIAL VERSION OF STATUTES CAN BE VIEWED AT [HTTP://WWW.ILGA.GOV/LEGISLATION/ILCS/ILCS.ASP](http://www.ilga.gov/legislation/ilcs/ilcs.asp). THE ILLINOIS PROCUREMENT CODE AND STANDARD PROCUREMENT RULES (44 ILL. ADM. CODE 1), WHICH ARE APPLICABLE TO THIS PROCUREMENT, MAY BE VIEWED AT [HTTP://WWW.PURCHASE.STATE.IL.US](http://www.purchase.state.il.us) BY SELECTING CODE AND RULES.

1.2 ILLINOIS PROCUREMENT BULLETIN. WE PUBLISH IN THE ELECTRONIC ILLINOIS PROCUREMENT BULLETIN (SUPPLIES AND SERVICES EDITION) VARIOUS PROCUREMENT INFORMATION INCLUDING NOTICES OF PROCUREMENT OPPORTUNITIES AND NOTICES OF AWARD. PROCUREMENT INFORMATION MAY NOT BE AVAILABLE IN ANY OTHER FORM OR LOCATION. YOU MAY REGISTER TO VIEW AND DOWNLOAD PROCUREMENT INFORMATION THROUGH THE INTERNET AT [HTTP://WWW.PURCHASE.STATE.IL.US](http://www.purchase.state.il.us) (CLICK ON REGISTRATION AND SELECT NEW USERS - REGISTRATION).

1.3 SUBMISSION OF OFFER. SEE PAGE 1 FOR DATE, TIME AND ADDRESS FOR SUBMITTING OFFERS. THIS 'INVITATION FOR BID,' COMPLETED, SIGNED AND RETURNED BY YOU, WILL CONSTITUTE YOUR OFFER. YOU MAY MAIL OR HAND DELIVER OFFERS, INCLUDING AMENDMENTS. WE DO NOT ALLOW COMPUTER, FAX, OR OTHER ELECTRONIC SUBMISSIONS EXCEPT IF AUTHORIZED IN THE 'SPECIAL TERMS AND CONDITIONS' IN THIS BID DOCUMENT. WE MUST ACTUALLY RECEIVE SUBMISSIONS AS SPECIFIED. IT SHALL NOT BE SUFFICIENT TO SHOW THAT YOU MAILED OR COMMENCED DELIVERY BEFORE THE CLOSING TIME. ALL TIMES ARE STATE OF ILLINOIS LOCAL TIMES.

1.4 FORM AND CONTENT OF OFFERS. BIDS ARE TO BE SUBMITTED ON THIS FORM AND IN AN ENVELOPE, OR ALTERNATIVELY IN A SEALED CONTAINER. THE FOLLOWING INFORMATION MUST BE CLEARLY SHOWN ON THE OUTSIDE OF THE SEALED CONTAINER OR YOUR BID MAY BE REJECTED: VENDOR NAME AND ADDRESS, BID NUMBER, BID OPENING DATE, AND BID OPENING TIME. ONLY ONE BID WILL BE ACCEPTED IN EACH ENVELOPE OR CONTAINER. OFFERS AND ANY MODIFICATIONS MUST BE SUBMITTED IN INK, TYPED, OR PRINTED FORM AND BE SIGNED BY AN AUTHORIZED REPRESENTATIVE. IN ADDITION, THE STATE MAY REQUIRE THAT OFFERS, OR PARTS THEREOF, BE SUBMITTED IN ELECTRONIC FORM. YOUR OFFER MUST PROVIDE ALL INFORMATION REQUESTED AND MUST ADDRESS ALL POINTS. WE DO NOT ENCOURAGE EXCEPTIONS AS WE HAVE EXTREMELY LIMITED ABILITY TO GRANT EXCEPTIONS PARTICULARLY IN REGARD TO STATUTORY REQUIREMENTS (THOSE CITED WITH ILCS, ILLINOIS COMPILED STATUTES). WE ARE NOT REQUIRED TO GRANT EXCEPTIONS AND DEPENDING ON THE EXCEPTION, WE MAY HAVE TO REJECT YOUR OFFER. BY SIGNING ON THE LINE PROVIDED ON PAGE 1 OF THIS INVITATION FOR BID, YOU ARE MAKING AN OFFER TO PERFORM IN ACCORDANCE WITH THE TERMS AND CONDITIONS AND SPECIFICATIONS FOUND IN EACH SECTION OF THIS BID, EVEN IF YOU DO NOT RETURN ALL OF THE PAGES OF THE BID OR ATTACHMENTS AS REFERENCED IN THIS BID.

1.5 REQUEST TO MODIFY OR WITHDRAW OFFER. YOU MAY MAKE A WRITTEN REQUEST TO MODIFY OR WITHDRAW THE OFFER AT ANY TIME PRIOR TO OPENING. NO ORAL MODIFICATIONS WILL BE ALLOWED. SUCH REQUESTS MUST BE ADDRESSED AND LABELED IN THE SAME MANNER AS THE ORIGINAL OFFER AND PLAINLY MARKED 'MODIFICATION TO (OR WITHDRAWAL OF) OFFER'. WRITTEN REQUESTS RECEIVED BY THE STATE PRIOR TO THE SCHEDULED OPENING TIME WILL BE ACCEPTED. WE WILL CORRECT THE OFFER AFTER OPENING.

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1.6 QUESTIONS. PLEASE DIRECT ALL QUESTIONS TO THE STATE BUYER (SEE PAGE 1). QUESTIONS RECEIVED LESS THAN SEVEN CALENDAR DAYS PRIOR TO THE DATE FOR OPENING MAY BE ANSWERED AT THE DISCRETION OF THE AGENCY. WE WILL PROVIDE WRITTEN ANSWERS TO QUESTIONS OF A GENERAL NATURE OR WHICH WOULD AFFECT THE SOLICITATION. WE WILL EITHER SEND THEM TO ALL ELIGIBLE RECIPIENTS OF THE SOLICITATION OR POST THEM IN THE ILLINOIS PROCUREMENT BULLETIN. ONLY WRITTEN ANSWERS TO QUESTIONS SHALL BE BINDING ON THE STATE.

1.7 VENDOR CONFERENCE/SITE VISIT. SEE 'SPECIAL TERMS AND CONDITIONS' FOR TIME AND LOCATION OF CONFERENCE IF APPLICABLE. ATTENDANCE IS MANDATORY, IF SO DESIGNATED WITHIN THE 'SPECIAL TERMS AND CONDITIONS' OF THIS INVITATION TO BID, AS A CONDITION OF SUBMITTING AN OFFER. THE CONFERENCE/SITE VISIT PROVIDES INTERESTED PARTIES AN OPPORTUNITY TO DISCUSS THE STATE'S NEEDS, INSPECT THE SITE AND ASK QUESTIONS. DURING ANY SITE VISIT YOU MUST FULLY ACQUAINT YOURSELF WITH THE CONDITIONS AS THEY EXIST AND THE CHARACTER OF THE OPERATIONS TO BE CONDUCTED UNDER THE RESULTING CONTRACT.

1.8 RESPONSIBILITY TO READ AND UNDERSTAND. FAILURE TO READ, EXAMINE AND UNDERSTAND THE SOLICITATION WILL NOT EXCUSE ANY FAILURE TO COMPLY WITH THE REQUIREMENTS OF THE SOLICITATION OR ANY RESULTING CONTRACT, NOR SHALL SUCH FAILURE BE A BASIS FOR CLAIMING ADDITIONAL COMPENSATION. IF YOU SUSPECT AN ERROR, OMISSION OR DISCREPANCY IN THIS SOLICITATION, YOU MUST IMMEDIATELY NOTIFY THE BUYER SHOWN ON PAGE 1. WE WILL ISSUE WRITTEN INSTRUCTIONS, IF APPROPRIATE.

1.9 OPENING. AS INDICATED ON PAGE 1, BIDS ARE TO BE DELIVERED TO ROOM 405, STRATTON OFFICE BUILDING, SPRINGFIELD, IL BY THE DESIGNATED DATE AND TIME. BIDS WILL BE OPENED IN ROOM 801, STRATTON OFFICE BUILDING, SPRINGFIELD, IL. WE WILL OPEN ALL OFFERS PROPERLY AND TIMELY SUBMITTED AND WILL RECORD THE NAMES AND OTHER INFORMATION SPECIFIED BY LAW AND RULE OF THOSE SUBMITTING OFFERS. ALL OFFERS BECOME THE PROPERTY OF THE STATE AND WILL NOT BE RETURNED EXCEPT IN THE CASE OF A LATE SUBMISSION.

1.10 LATE DELIVERY. WE WILL NOT CONSIDER OFFERS RECEIVED AFTER THE STATED OPENING DATE AND TIME.

1.11 OFFER FIRM TIME. SEE 'SPECIAL TERMS AND CONDITIONS.' YOUR OFFER SHALL REMAIN FIRM AND UNALTERED AFTER OPENING FOR THE NUMBER OF DAYS SHOWN.

1.12 INSPECTION OF FACILITIES. WE RESERVE THE RIGHT TO INSPECT AND INVESTIGATE YOUR FACILITIES, EQUIPMENT AND PERSONNEL AND THOSE OF ANY IDENTIFIED SUBCONTRACTORS.

1.13 EVALUATION AND AWARD. WE WILL EVALUATE ALL OFFERS USING THE CRITERIA SHOWN LATER IN THIS SOLICITATION. IF WE SELECT YOUR OFFER FOR AWARD, WE WILL SEND YOU WRITTEN NOTICE AND WILL POST THE NOTICE TO THE ILLINOIS PROCUREMENT BULLETIN. RECEIPT OR POSTING OF A NOTICE OF AWARD IS NOT EQUIVALENT TO A CONTRACT WITH THE STATE. PROTESTED AWARDS ARE SUBJECT TO THE RESOLUTION OF THE PROTEST.

1.14 BEST AND FINAL. WE MAY REQUEST BEST AND FINAL OFFERS IF DEEMED NECESSARY AND WILL DETERMINE THE SCOPE AND SUBJECT OF ANY BEST AND FINAL REQUEST. HOWEVER, YOU SHOULD NOT EXPECT THAT WE WILL ASK FOR BEST AND FINALS TO GIVE YOU AN OPPORTUNITY TO STRENGTHEN YOUR OFFER. THEREFORE, YOU MUST SUBMIT YOUR BEST OFFER BASED ON THE TERMS AND CONDITIONS SET FORTH IN THIS SOLICITATION.

1.15 PROTESTS. READ THIS CAREFULLY FOR NEW REQUIREMENTS. (COMPLETE REQUIREMENTS CAN BE FOUND AT 44 ILL. ADM. CODE 1.5550.)

YOU MUST SUBMIT PROTESTS TO THE PROTEST REVIEW OFFICE IDENTIFIED BELOW. DO NOT SUBMIT IT TO ANY OTHER PERSON OR ADDRESS.

PROTEST REVIEW OFFICER
 DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
 720 STRATTON BUILDING
 401 SOUTH SPRING STREET
 SPRINGFIELD, IL 62706

PHONE: 217-782-9669
 FAX: 217-558-2697
 TDD: 217-785-4115

YOU MUST PROTEST ANYTHING IN THE BULLETIN POSTING OR THE SOLICITATION DOCUMENT WITHIN SEVEN (7) CALENDAR DAYS OF THE POSTING AND IT MUST BE IN OUR HANDS BY THAT DEADLINE.

YOU MUST PROTEST THE AWARD BY NOON OF THE SEVENTH CALENDAR DAY FOLLOWING POSTING TO THE BULLETIN AND IT MUST BE IN OUR HANDS BY THAT DEADLINE.

THE PROTEST MUST CONTAIN THE FOLLOWING AS A MINIMUM:

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A) THE NAME AND ADDRESS OF THE PROTESTOR;
 B) APPROPRIATE IDENTIFICATION OF THE PROCUREMENT;
 C) A STATEMENT OF REASONS FOR THE PROTEST SPECIFICALLY IDENTIFYING ANY ALLEGED VIOLATION OF THE ILLINOIS PROCUREMENT CODE OR OTHER LAW, ANY ASSOCIATED RULES, OR THE SOLICITATION ITSELF, INCLUDING THE EVALUATION OR AWARD; AND
 D) SUPPORTING EXHIBITS, EVIDENCE, OR DOCUMENTS TO SUBSTANTIATE ANY CLAIMS UNLESS NOT AVAILABLE WITHIN THE FILING TIME, IN WHICH CASE, THE EXPECTED AVAILABILITY DATE SHALL BE INDICATED.

IT IS NOT SUFFICIENT TO SIMPLY STATE THAT YOU ARE PROTESTING, THAT YOUR PRODUCT IS BETTER OR THE WINNING BID IS NOT IN THE BEST INTERESTS OF THE STATE. WE MUST HAVE DETAILED REASONS TO SUPPORT THE PROTEST. FAILURE TO DO SO MAY RESULT IN YOUR PROTEST BEING DENIED.

1.16 COMMENCEMENT OF WORK. VENDORS SHALL NOT COMMENCE, AND WILL NOT BE PAID FOR ANY BILLABLE WORK PRIOR TO THE CONTRACT BEING EXECUTED BY THE VENDOR AND THE STATE. ANY EXCEPTION MUST BE APPROVED BY THE STATE PURCHASING OFFICER, THE CHIEF PROCUREMENT OFFICER OR A DESIGNEE OF THE CHIEF PROCUREMENT OFFICER IN ADVANCE OF THE WORK BEING PERFORMED.

1.17 VENDOR CONTACT. WE WILL CONSIDER THE PERSON WHO SIGNED YOUR OFFER TO BE YOUR CONTACT PERSON FOR ALL MATTERS PERTAINING TO THE OFFER UNLESS YOU DESIGNATE SOME OTHER PERSON IN WRITING.

1.18 RESERVATIONS. WE RESERVE THE RIGHT TO REJECT ALL OFFERS; TO REJECT INDIVIDUAL OFFERS FOR FAILURE TO MEET ANY REQUIREMENT; TO AWARD BY ITEM, PART OR PORTION OF AN ITEM, GROUP OF ITEMS, OR TOTAL; AND TO WAIVE MINOR DEFECTS. WE MAY SEEK CLARIFICATION OF THE OFFER FROM YOU AT ANY TIME AND FAILURE TO RESPOND IS CAUSE FOR REJECTION. CLARIFICATION IS NOT AN OPPORTUNITY TO CHANGE THE OFFER. SUBMISSION OF AN OFFER CONFERS ON YOU NO RIGHT TO AN AWARD OR TO A SUBSEQUENT CONTRACT. THIS PROCESS IS FOR THE STATE'S BENEFIT ONLY AND IS TO PROVIDE THE STATE WITH COMPETITIVE INFORMATION TO ASSIST IN THE SELECTION PROCESS. ALL DECISIONS ON COMPLIANCE, EVALUATION, TERMS AND CONDITIONS SHALL BE MADE SOLELY AT OUR DISCRETION AND MADE TO FAVOR THE STATE.

1.19 COST OF PREPARATION. WE ARE NOT RESPONSIBLE FOR AND WILL NOT PAY ANY COSTS ASSOCIATED WITH THE PREPARATION AND SUBMISSION OF YOUR OFFER.

1.20 PUBLIC INFORMATION. ALL INFORMATION SUBMITTED IS SUBJECT TO THE ILLINOIS FREEDOM OF INFORMATION ACT (5 ILCS 140), THE ILLINOIS PROCUREMENT CODE AND OTHER APPLICABLE LAWS AND RULES. VENDORS CLAIMING EXEMPTION FROM DISCLOSURE OF CERTAIN PORTIONS OF THE OFFER MUST DO SO IN A SEPARATE SECTION OF THE OFFER LABELED "CONFIDENTIAL INFORMATION." THIS SECTION MUST IDENTIFY THE VOLUME, PAGE AND SECTION CONTAINING THE CONFIDENTIAL INFORMATION, THE REASON FOR THE CLAIM OF CONFIDENTIALITY AND THE STATUTORY CITATION AUTHORIZING THE EXEMPTION FROM DISCLOSURE. WE WILL DETERMINE WHETHER CLAIMED EXEMPTIONS APPLY. UPON AWARD, THE NAME OF THE WINNING VENDOR AND PRICE AS WELL AS SUFFICIENT INFORMATION FROM THAT OFFER WILL BE MADE AVAILABLE TO THE PUBLIC TO ALLOW FOR MEANINGFUL REVIEW AND PROTEST REGARDLESS OF ANY CLAIM OF EXEMPTION. WE MUST DISCLOSE ONLY THE RECORD (NAME, AND IN THE CASE OF IFBS, THE PRICE) AFTER AWARD OF THE LOSING OFFERS. FINAL RESULTS OF THE STATE'S EVALUATION SHALL BE PUBLIC.

1.21 NON-DISCRIMINATION POLICY. IN COMPLIANCE WITH THE STATE AND FEDERAL CONSTITUTIONS, THE ILLINOIS HUMAN RIGHTS ACT, THE U.S. CIVIL RIGHTS ACT, AND SECTION 504 OF THE FEDERAL REHABILITATION ACT, THE STATE OF ILLINOIS DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT, CONTRACTS, OR ANY OTHER ACTIVITY. PLEASE SUBMIT REQUESTS FOR ADA ACCOMMODATIONS TO THE BUYER SHOWN ON PAGE 1 OF THIS BID DOCUMENT.

1.22 CONTRACTOR SUSPENSION. ANY CONTRACTOR MAY BE SUSPENDED FOR VIOLATION OF THIS CODE OR FOR FAILURE TO CONFORM TO SPECIFICATIONS OR TERMS OF DELIVERY. SUSPENSION SHALL BE FOR CAUSE AND MAY BE FOR A PERIOD OF UP TO THE MAXIMUM PROVIDED BY LAW AT THE DISCRETION OF THE APPLICABLE CHIEF PROCUREMENT OFFICER. CONTRACTORS MAY BE DEBARRED IN ACCORDANCE WITH RULES PROMULGATED BY THE CHIEF PROCUREMENT OFFICER OR AS OTHERWISE PROVIDED BY LAW. (30 ILCS 500/50-65)

1.23 OUT-OF-STATE COMPANIES. OUT-OF-STATE COMPANIES MUST CONTACT THE ILLINOIS SECRETARY OF STATE (217/782-1834) REGARDING A CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN ILLINOIS (805 ILCS 5/13). FORM BCA 13.15 MAY BE DOWNLOADED FROM WWW.SOS.STATE.IL.US.

1.24 VENDOR PREQUALIFICATION. VENDORS INTERESTED IN PREQUALIFICATION WITH THE STATE MUST COMPLETE A BIDDER'S APPLICATION FORM. THE FORM MAY BE DOWNLOADED FROM WWW.STATE.IL.US/CMS.

1.25 EMPLOYMENT TAX CREDITS. VENDORS WHO HIRE QUALIFIED VETERANS MAY BE ELIGIBLE FOR TAX CREDITS. ANY VENDOR RECEIVING A TAX CREDIT PURSUANT TO THIS ACT MUST REPORT TO THE DEPARTMENT OF CENTRAL MANAGEMENT SERVICES THE NUMBER OF INDIVIDUALS HIRED FOR WHOM TAX CREDITS ARE RECEIVED. THIS INFORMATION IS DUE BY AUGUST 31 OF EACH YEAR AND IS TO COVER THE PREVIOUS 12 MONTHS (JULY-JUNE). A SIMILAR CREDIT IS AVAILABLE WHEN HIRING CERTAIN EX-OFFENDERS. (SEE THE ACT OR 30 ILCS 500/45/67 AND 45-70 FOR ADDITIONAL INFORMATION.)

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1.26 ILLINOIS DEPARTMENT OF HUMAN RIGHTS (DHR) PUBLIC CONTRACT NUMBER. (775 ILCS 5/2-105) IF YOU HAVE EMPLOYED FIFTEEN OR MORE EMPLOYEES AT ANY TIME DURING THE 365-DAY PERIOD IMMEDIATELY PRECEDING THE PUBLICATION OF THIS SOLICITATION IN THE ILLINOIS PROCUREMENT BULLETIN (OR ISSUANCE DATE IF NOT PUBLISHED), YOU MUST HAVE A CURRENT PUBLIC CONTRACT NUMBER OR HAVE PROOF OF HAVING SUBMITTED A COMPLETED APPLICATION FOR ONE PRIOR TO THE OFFER OPENING DATE. SHOW YOUR PUBLIC CONTRACT NUMBER OR, IF NOT AVAILABLE, THE DATE THE COMPLETED APPLICATION WAS SUBMITTED TO IDHR ON PAGE 1 OF THIS BID INVITATION. NUMBERS ISSUED BY THE DEPARTMENT OF HUMAN RIGHTS (OR ITS PREDECESSOR AGENCY, THE ILLINOIS FAIR EMPLOYMENT PRACTICES COMMISSION) PRIOR TO JULY 1, 1998, ARE NO LONGER VALID. THIS AFFECTS NUMBERS BELOW 89999-00-0. VALID NUMBERS BEGIN WITH 90000-00-0. IF YOUR ORGANIZATION HOLDS AN EXPIRED NUMBER, YOU MUST RE-REGISTER WITH IDHR BY COMPLETING THE REQUIRED FORM.

_____(CHECK IF APPLICABLE) THE NUMBER IS NOT REQUIRED IF THE COMPANY HAS EMPLOYED 14 OR LESS FULL-TIME EMPLOYEES DURING THE 365 DAY PERIOD IMMEDIATELY PRECEDING THE PUBLICATION OF THIS SOLICITATION IN THE ILLINOIS PROCUREMENT BULLETIN (OR ISSUANCE DATE IF NOT PUBLISHED).

YOU CAN OBTAIN AN APPLICATION FORM BY:

A) TELEPHONE: CALL THE IDHR PUBLIC CONTRACTS UNIT AT (312) 814-2431 BETWEEN MONDAY AND FRIDAY, 8:30 A.M. THRU 5:00 P.M., CST. (TDD 312-263-1579)

B) INTERNET: DOWNLOAD THE FORM FROM THE INTERNET AT WWW.STATE.IL.US/CMS. IN THE PURCHASING AREA OF THE CMS HOME PAGE, CLICK THE 'DOWNLOAD VENDOR FORMS' LINE.

C) MAIL: WRITE TO THE DEPARTMENT OF HUMAN RIGHTS, PUBLIC CONTRACTS UNIT, 100 W. RANDOLPH STREET, SUITE 10-100, CHICAGO, IL 60601.

1.27 MINORITY, FEMALE AND PERSONS WITH DISABILITY STATUS. THE BUSINESS ENTERPRISE PROGRAM ACT FOR MINORITIES, FEMALES AND PERSONS WITH DISABILITIES (BEP) (30 ILCS 575/1) ESTABLISHES A GOAL FOR CONTRACTING WITH BUSINESSES THAT HAVE BEEN CERTIFIED AS OWNED AND CONTROLLED BY PERSONS WHO ARE MINORITY, FEMALE OR WHO HAVE DISABILITIES. IN ORDER TO BECOME CERTIFIED OR TO OBTAIN A LISTING OF CERTIFIED BUSINESSES, YOU MAY CONTACT THE DEPARTMENT OF CENTRAL MANAGEMENT SERVICES, BUSINESS ENTERPRISE PROGRAM FOR MINORITIES, FEMALES AND PERSONS WITH DISABILITIES BY CALLING (312) 814-4190 (VOICE & TDD), (800) 356-9206 (TOLL FREE), OR (800) 526-0844 (ILLINOIS RELAY CENTER FOR HEARING IMPAIRED). YOUR BEP STATUS IS NOT CONSIDERED IN THE EVALUATION PROCESS OF THIS BID INVITATION.

1.28 QUANTITY, ORDER AND DELIVERY REQUIREMENTS.

A) QUANTITY. QUANTITIES SHOWN HEREIN ARE GUARANTEED QUANTITIES THAT WILL BE USED BY THE STATE AND WHEN APPLICABLE BY OTHER GOVERNMENTAL UNITS.

B) PURCHASE ORDERS. ORDER/S AGAINST THIS INVITATION FOR BID WILL BE MADE BY THE DEPARTMENT OF CENTRAL MANAGEMENT SERVICES. WHEN APPLICABLE, OTHER GOVERNMENTAL UNITS WILL SUBMIT THEIR OWN FORMS.

C) DELIVERY. UNLESS OTHERWISE SPECIFIED, VENDOR SHALL SHIP IMMEDIATELY UPON RECEIPT OF ORDER. DELIVERY LOCATION IS AS STATED ELSEWHERE IN THIS BID DOCUMENT. UNLESS OTHERWISE STATED HEREIN, VENDOR SHALL SHIP F.O.B. DESTINATION WITH ALL TRANSPORTATION AND HANDLING PAID BY THE VENDOR. PACKING LISTS SHOWING ORDER NUMBER PROVIDED TO YOU MUST BE FURNISHED WITH EACH SHIPMENT.

D) NEW PRODUCTS. ALL SUPPLIES FURNISHED SHALL BE NEW, UNUSED, OF MOST RECENT MANUFACTURE AND NOT DISCONTINUED UNLESS OTHERWISE AUTHORIZED HEREIN.

1.29 CRITERIA FOR EVALUATION AND AWARD. WE EVALUATE FOUR CATEGORIES OF INFORMATION: ADMINISTRATIVE COMPLIANCE, VENDOR RESPONSIBILITY, RESPONSIVENESS AND PRICE. ALL OFFERS MUST MEET THE FOLLOWING ADMINISTRATIVE AND RESPONSIBILITY CRITERIA.

A) ADMINISTRATIVE COMPLIANCE. WE WILL DETERMINE WHETHER THE OFFER COMPLIED WITH 'SUBMISSION OF OFFER' REQUIREMENTS. WE MUST REJECT YOUR OFFER IF YOU SUBMIT IT LATE. FAILURE TO MEET OTHER REQUIREMENTS COULD RESULT IN REJECTION.

B) VENDOR RESPONSIBILITY. WE WILL DETERMINE WHETHER THE VENDOR SUBMITTING THE OFFER IS ONE WITH WHOM WE CAN OR SHOULD DO BUSINESS. FACTORS THAT WE MAY EVALUATE TO DETERMINE 'RESPONSIBILITY' INCLUDE, BUT ARE NOT LIMITED TO: CERTIFICATIONS, CONFLICT OF INTEREST DISCLOSURES, TAXPAYER IDENTIFICATION NUMBER, PAST PERFORMANCE, REFERENCES, COMPLIANCE WITH APPLICABLE LAWS, FINANCIAL STABILITY AND THE PERCEIVED ABILITY TO PERFORM COMPLETELY AS SPECIFIED. A

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VENDOR MUST AT ALL TIMES HAVE FINANCIAL RESOURCES SUFFICIENT, IN THE OPINION OF THE STATE, TO ENSURE PERFORMANCE OF THE CONTRACT AND MUST PROVIDE PROOF UPON REQUEST. CONSISTENT WITH APPLICABLE LAW AND RULE, WE WILL DETERMINE WHETHER ANY FAILURE TO SUPPLY INFORMATION, OR THE QUALITY OF THE INFORMATION, WILL RESULT IN REJECTION.

C) RESPONSIVENESS. THE RESPONSIBLE VENDOR WHO SUBMITTED THE LOWEST COST OFFER THAT MEETS 'ADMINISTRATIVE' AND 'RESPONSIVENESS' REQUIREMENTS SHALL BE ELIGIBLE FOR AWARD.

D) PRICE. WE WILL IDENTIFY THE LOWEST COST OFFER AND MAY RANK THE OTHERS IN ORDER OF PRICE.

E) ACCESS THE ILLINOIS OFFICE OF THE COMPTROLLER'S OFFSET SYSTEM AS PART OF THE PROCESS TO DETERMINE IF THE VENDOR (AND ANY KNOWN SUB-CONTRACTORS) WHO SUBMITTED THE OFFER TO BE RECOMMENDED FOR AWARD HAS AN UNSATISFIED DELINQUENT DEBT WITH THE STATE. IF DELINQUENT DEBT IS DISCOVERED, THE SELECTED VENDORS' OFFER MAY BE FOUND TO BE NON-RESPONSIVE. THIS STEP DOES NOT RELIEVE ANY VENDOR FROM SATISFYING ANY DEBT OWED TO THE STATE.

1.30 BRAND NAME OR EQUAL. THE DESIGNATION OF BRAND NAME OR CATALOG NUMBER IS FOR THE PURPOSE OF DESCRIBING THE STANDARD OF QUALITY, PERFORMANCE AND CHARACTERISTICS DESIRED AND IS NOT INTENDED TO LIMIT OR RESTRICT COMPETITION. OTHER PRODUCTS WILL BE CONSIDERED UPON SHOWING THE OTHER PRODUCT MEETS STATED SPECIFICATIONS AND IS EQUIVALENT TO THE BRAND PRODUCT IN TERMS OF QUALITY, PERFORMANCE AND DESIRED CHARACTERISTICS. MINOR DIFFERENCES THAT DO NOT AFFECT THE SUITABILITY OF THE SUPPLY OR SERVICE FOR THE STATE'S NEEDS MAY BE ACCEPTED. WE RESERVE THE RIGHT TO USE OUR DISCRETION TO ELIMINATE UNACCEPTABLE OFFERS.

1.31 TAX EXEMPTION. THE ILLINOIS TAX EXEMPTION NUMBER FOR THE DEPARTMENT OF CENTRAL MANAGEMENT SERVICES IS E-9989-0046-05. OTHER AGENCY AND FEDERAL TAX EXEMPTION INFORMATION IS AVAILABLE UPON REQUEST TO THE ORDERING AGENCY.

STANDARD TERMS AND CONDITIONS:

2.1 BILLING:

A) VENDOR SHALL SUBMIT INVOICES TO THE ADDRESS ON THE SCHEDULE AND WITH THE DETAIL REQUIRED BY THE ORDERING AGENCY. INVOICES FOR SUPPLIES ORDERED OR SERVICES PERFORMED AND EXPENSES INCURRED PRIOR TO JULY 1ST MUST BE PRESENTED TO THE AGENCY NO LATER THAN JULY 31; OTHERWISE, VENDOR MAY HAVE TO SEEK PAYMENT OF SUCH INVOICES THROUGH THE ILLINOIS COURT OF CLAIMS (30 ILCS 105/25).

B) VENDOR SHALL NOT BILL FOR ANY TAXES UNLESS A STATEMENT IS ATTACHED TO THE BILL IDENTIFYING THE TAX AND SHOWING WHY IT IS LEGALLY CHARGEABLE TO THE STATE. SHOULD IT BE DETERMINED THE TAXES ARE LEGALLY CHARGEABLE TO THE STATE, THE STATE WILL PAY THE TAX AS REQUIRED. THE STATE DOES NOT WARRANT THAT THE INTEREST COMPONENT OF ANY PAYMENT, INCLUDING INSTALLMENT PAYMENTS, TO VENDOR ARE EXEMPT FROM INCOME TAX LIABILITY.

C) BY SUBMITTING AN INVOICE, VENDOR CERTIFIES THE SUPPLIES AND SERVICES MET ALL REQUIREMENTS SET FORTH IN THE CONTRACT AND THE AMOUNT BILLED AND THE EXPENSES INCURRED ARE AS ALLOWED IN THE CONTRACT.

2.2 PAYMENT:

A) LATE PAYMENT CHARGES, IF ANY, SHALL NOT EXCEED THE FORMULA ESTABLISHED IN THE STATE 'PROMPT PAYMENT' ACT (30 ILCS 540/1) AND RULES (74 ILL. ADM. CODE 900). PAYMENTS DELAYED AT THE BEGINNING OF THE STATE'S FISCAL YEAR (JULY AND AUGUST PAYMENTS) BECAUSE OF THE APPROPRIATION PROCESS SHALL NOT BE CONSIDERED A BREACH.

B) THE AGENCY SHALL NOT BE LIABLE TO PAY FOR ANY SUPPLIES OR SERVICES, INCLUDING RELATED EXPENSES, SUBJECT OF THIS CONTRACT INCURRED PRIOR TO THE BEGINNING OF THE TERM OF THIS CONTRACT. ANY CONTRACT OR ORDER LABELED 'SUBJECT TO FINANCING' OR WORDS TO SIMILAR EFFECT IS SUBJECT TO THE AGENCY OBTAINING SUITABLE FINANCING.

C) THE APPROVED INVOICE AMOUNT WILL BE PAID LESS ANY RETAINAGE AND PREVIOUS PARTIAL PAYMENTS. FINAL PAYMENT SHALL BE MADE UPON DETERMINATION BY THE AGENCY THAT ALL REQUIREMENTS UNDER THIS CONTRACT HAVE BEEN COMPLETED, WHICH DETERMINATION SHALL NOT BE UNREASONABLY WITHHELD. SUCH FINAL PAYMENT WILL BE MADE SUBJECT TO ADJUSTMENT AFTER COMPLETION OF AN AUDIT OF VENDOR'S RECORDS AS PROVIDED FOR IN THIS CONTRACT.

D) ANY CONTRACT OR ORDER REQUIRING PAYMENT OF FINANCING INTEREST IS SUBJECT TO THE INTEREST RATE LIMITATION SET BY LAW OF THE GREATER OF 9% OR 125% OF THE G.O. BOND INDEX (30 ILCS 305/1).

E) AS A CONDITION OF PAYMENT, VENDOR MUST PAY ITS EMPLOYEES PREVAILING WAGES AS REQUIRED BY LAW AND MUST PAY ITS SUPPLIERS AND SUBCONTRACTORS AND PROVIDE LIEN WAIVERS ON REQUEST.

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2.3 AVAILABILITY OF APPROPRIATIONS (30 ILCS 500/20-60): STATE SHALL USE ITS BEST EFFORTS TO SECURE SUFFICIENT APPROPRIATIONS TO FUND THIS CONTRACT. HOWEVER, THE STATE, AT ITS SOLE OPTION, MAY TERMINATE OR SUSPEND THIS CONTRACT, IN WHOLE OR IN PART, WITHOUT PENALTY OR FURTHER PAYMENT BEING REQUIRED, IF THE ILLINOIS GENERAL ASSEMBLY OR THE FEDERAL FUNDING SOURCE FAILS TO MAKE AN APPROPRIATION SUFFICIENT TO PAY SUCH OBLIGATION, OR IF FUNDS NEEDED ARE INSUFFICIENT FOR ANY REASON.

2.4 CONSULTATION: VENDOR SHALL CONSULT WITH AND KEEP THE AGENCY FULLY INFORMED AS TO THE PROGRESS OF ALL MATTERS COVERED BY THIS CONTRACT. WHERE TIME PERMITS AND VENDOR IS NOT OTHERWISE PROHIBITED FROM SO DOING, VENDOR SHALL OFFER THE AGENCY THE OPPORTUNITY TO REVIEW RELEVANT DOCUMENTS PRIOR TO FILING WITH ANY PUBLIC BODY OR ADVERSARIAL PARTY.

2.5 PERFORMANCE REVIEWS: THE STATE MAY CONDUCT A POST PERFORMANCE REVIEW OF THE VENDOR'S PERFORMANCE UNDER THE CONTRACT. ANY PROFESSIONAL AND ARTISTIC SERVICES PERFORMED UNDER THIS CONTRACT SHALL BE SUBJECT TO A POST PERFORMANCE REVIEW. THE VENDOR SHALL COOPERATE WITH THE STATE IN THIS REVIEW, WHICH MAY REQUIRE THAT VENDOR PROVIDE RECORDS OF ITS PERFORMANCE AND BILLING. VENDOR SHALL PROVIDE ANY REQUIRED INFORMATION WITHIN 30 DAYS OF THE AGENCY'S REQUEST. THIS POST PERFORMANCE REVIEW MAY BE USED BY ANY STATE AGENCY IN DETERMINING WHETHER TO ENTER INTO OTHER CONTRACTUAL RELATIONSHIPS WITH THE VENDOR.

2.6 AUDIT/RETENTION OF RECORDS (30 ILCS 500/20-65): VENDOR AND ITS SUBCONTRACTORS SHALL MAINTAIN BOOKS AND RECORDS RELATING TO PERFORMANCE OF THE CONTRACT OR SUBCONTRACT AS NECESSARY TO SUPPORT AMOUNTS CHARGED TO THE STATE UNDER THE CONTRACT OR SUBCONTRACT. BOOKS AND RECORDS, INCLUDING INFORMATION STORED IN DATABASES OR OTHER COMPUTER SYSTEMS, SHALL BE MAINTAINED BY THE VENDOR FOR A PERIOD OF 3 YEARS FROM THE LATER OF THE DATE OF FINAL PAYMENT UNDER THE CONTRACT OR COMPLETION OF THE CONTRACT AND BY THE SUBCONTRACTOR FOR A PERIOD OF 3 YEARS FROM THE LATER OF THE DATE OF FINAL PAYMENT UNDER THE SUBCONTRACT OR COMPLETION OF THE SUBCONTRACT. THE 3-YEAR PERIOD SHALL BE EXTENDED FOR THE DURATION OF ANY AUDIT IN PROGRESS DURING THE TERM. ALL BOOKS AND RECORDS REQUIRED TO BE MAINTAINED UNDER THIS SECTION SHALL BE AVAILABLE FOR REVIEW OR AUDIT BY REPRESENTATIVES OF THE AUDITOR GENERAL, THE PURCHASING AGENCY, THE INSPECTOR GENERAL AND BY OTHER GOVERNMENTAL ENTITIES WITH MONITORING AUTHORITY UPON REASONABLE NOTICE AND DURING NORMAL BUSINESS HOURS. VENDOR AND ITS SUBCONTRACTORS SHALL COOPERATE FULLY WITH ANY SUCH AUDIT. FAILURE TO MAINTAIN THE BOOKS AND RECORDS REQUIRED BY THIS SECTION SHALL ESTABLISH A PRESUMPTION IN FAVOR OF THE STATE FOR THE RECOVERY OF ANY FUNDS PAID BY THE STATE UNDER THE CONTRACT FOR WHICH ADEQUATE BOOKS AND RECORDS ARE NOT AVAILABLE TO SUPPORT THE PURPORTED DISBURSEMENT.

2.7 SCHEDULE OF WORK: ANY WORK PERFORMED ON STATE PREMISES SHALL BE DONE DURING THE HOURS DESIGNATED BY THE STATE AND SHALL IN ANY EVENT BE PERFORMED SO AS TO MINIMIZE INCONVENIENCE TO THE STATE AND ITS PERSONNEL AND MINIMIZE INTERFERENCE WITH THE STATE'S OPERATIONS.

2.8 INDEPENDENT CONTRACTOR: THE VENDOR SHALL BE AN INDEPENDENT CONTRACTOR. SUPPLIES PROVIDED AND/OR SERVICES PERFORMED PURSUANT TO THE CONTRACT ARE NOT RENDERED AS AN EMPLOYEE OF THE AGENCY OR OF THE STATE OF ILLINOIS. AMOUNTS PAID PURSUANT TO THIS CONTRACT DO NOT CONSTITUTE COMPENSATION PAID TO AN EMPLOYEE.

2.9 RESPONSIBILITY FOR AGENTS AND EMPLOYEES: VENDOR SHALL REMAIN FULLY RESPONSIBLE FOR THE NEGLIGENT ACTS AND OMISSIONS OF ITS AGENTS, EMPLOYEES AND SUBCONTRACTORS IN THEIR PERFORMANCE OF VENDOR'S DUTIES UNDER THIS CONTRACT. VENDOR REPRESENTS THAT IT SHALL UTILIZE THE SERVICES OF INDIVIDUALS SKILLED IN THE PROFESSION FOR WHICH THEY WILL BE USED IN PERFORMING SERVICES HEREUNDER. IN THE EVENT THAT THE AGENCY DETERMINES THAT ANY INDIVIDUAL PERFORMING SERVICES FOR VENDOR HEREUNDER IS NOT PROVIDING SUCH SKILLED SERVICES, IT SHALL PROMPTLY SO NOTIFY VENDOR AND VENDOR SHALL REPLACE THAT INDIVIDUAL.

2.10 LICENSE: VENDOR, DIRECTLY OR THROUGH ITS EMPLOYEES, SHALL HAVE AND MAINTAIN ANY REQUIRED LICENSE. WITH THE CONSENT OF THE AGENCY, VENDOR MAY MEET THE LICENSE REQUIREMENT THROUGH USE OF A SUBCONTRACTOR.

2.11 ASSIGNMENT AND SUBCONTRACTING:

A) VENDOR MAY NOT ASSIGN, SUBCONTRACT OR TRANSFER ANY INTERESTS IN THE WORK SUBJECT OF THIS CONTRACT WITHOUT AGENCY'S PRIOR WRITTEN CONSENT. IN THE EVENT THE AGENCY CONSENTS, THE TERMS AND CONDITIONS OF THIS CONTRACT SHALL APPLY TO AND BIND THE PARTY TO WHOM SUCH WORK IS SUBCONTRACTED, ASSIGNED OR TRANSFERRED AS FULLY AND COMPLETELY AS VENDOR IS HEREBY BOUND AND OBLIGATED. THIS INCLUDES REQUIRING SUCH PARTIES TO SUBMIT CERTIFICATIONS AND DISCLOSURES TO AGENCY FOR REVIEW AND APPROVAL UPON REQUEST.

B) IF VENDOR IS UNABLE TO SECURE OR MAINTAIN INDIVIDUALS NAMED IN THE CONTRACT TO RENDER THE SERVICES, VENDOR SHALL NOT BE RELIEVED OF ITS OBLIGATIONS TO COMPLETE PERFORMANCE. THE AGENCY SHALL HAVE THE OPTION TO ACCEPT A SUBSTITUTE OR TO TERMINATE THE CONTRACT.

C) AFTER NOTICE, AGENCY MAY TRANSFER THE CONTRACT FOR PAYMENT RESPONSIBILITY TO ANOTHER STATE AGENCY OR ASSIGN THE CONTRACT TO A THIRD PARTY FOR FINANCING PURPOSES.

2.12 MAINTENANCE ASSURANCE:

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A) THE AGENCY RESERVES THE RIGHT TO MAINTAIN ANY EQUIPMENT PURCHASED UNDER THIS AGREEMENT USING AGENCY PERSONNEL OR THIRD-PARTY MAINTAINERS. IN SUCH CASE, VENDOR SHALL PROVIDE THE AGENCY OR ITS MAINTENANCE PROVIDER WITH SUCH SERVICES, DOCUMENTATION, MATERIALS AND PARTS UNDER REASONABLE TERMS AND CONDITIONS AND AT REASONABLE COSTS. THE AGENCY RESERVES THE RIGHT TO RETURN TO VENDOR'S MAINTENANCE FOLLOWING WRITTEN CERTIFICATION BY VENDOR THAT THE EQUIPMENT IS ELIGIBLE FOR VENDOR'S MAINTENANCE. VENDOR'S STANDARD CHARGES FOR THE CERTIFICATION INSPECTION, PLUS ANY APPLICABLE CHARGES REQUIRED TO BRING THE EQUIPMENT INTO ELIGIBILITY FOR VENDOR'S MAINTENANCE, SHALL APPLY. EXERCISE OF THESE RIGHTS BY THE AGENCY SHALL BE WITHOUT PENALTY OR SANCTION BY VENDOR.

B) IF VENDOR DISCONTINUES SERVICE OR MAINTENANCE OF EQUIPMENT OR SOFTWARE PROVIDED UNDER THIS CONTRACT, VENDOR SHALL PROVIDE TO THE AGENCY ADEQUATE DOCUMENTATION AND ACCESS TO SPECIALIZED OR PROPRIETARY TOOLS TO ALLOW THE AGENCY OR A SUBCONTRACTOR TO MAINTAIN THE EQUIPMENT OR SOFTWARE. THIS PROVISION SHALL NOT APPLY IF VENDOR MAKES ARRANGEMENTS FOR CONTINUED SERVICE AND MAINTENANCE THROUGH ANOTHER VENDOR AND AT A PRICE ACCEPTABLE TO THE AGENCY.

2.13 CONFIDENTIALITY AND USE OF WORK PRODUCT:

A) ANY DOCUMENTS OR INFORMATION OBTAINED BY VENDOR FROM THE AGENCY IN CONNECTION WITH THIS CONTRACT SHALL BE KEPT CONFIDENTIAL AND SHALL NOT BE PROVIDED TO ANY THIRD PARTY UNLESS DISCLOSURE IS APPROVED IN WRITING BY THE AGENCY.

B) WORK PRODUCT PRODUCED UNDER THIS CONTRACT, INCLUDING, BUT NOT LIMITED TO, DOCUMENTS, REPORTS, INFORMATION, DOCUMENTATION OF ANY SORT AND IDEAS, WHETHER PRELIMINARY OR FINAL, SHALL BECOME AND REMAIN THE PROPERTY OF THE STATE, INCLUDING ANY PATENT, COPYRIGHT OR OTHER INTELLECTUAL PROPERTY RIGHTS. WITH THE EXCEPTION OF IDEAS, ALL SUCH WORK PRODUCTS SHALL BE CONSIDERED WORKS MADE FOR HIRE WITHIN THE MEANING OF 17 U.S.C. §101. TO THE EXTENT THAT ANY PORTION OF SUCH WORK PRODUCTS IS NOT A WORK MADE FOR HIRE, VENDOR COMPLETELY AND WITHOUT RESERVATION ASSIGNS TO THE AGENCY ALL RIGHT, TITLE AND INTEREST IN AND TO SUCH PORTION OF THE WORK PRODUCTS, AS WELL AS ALL RELATED COPYRIGHT, PATENT, TRADE SECRET AND OTHER RELATED PROPRIETARY RIGHTS THEREIN. AGENCY SHALL EXERCISE ALL RIGHTS OF OWNERSHIP IN ALL SUCH WORK PRODUCT WITHOUT RESTRICTION OR LIMITATION IN ANY FORM INCLUDING AS TO USE AND WITHOUT FURTHER COMPENSATION TO VENDOR. VENDOR SHALL NOT ACQUIRE OR HAVE ANY RIGHT TO USE, DISCLOSE OR REPRODUCE THE WORK PRODUCT OR ANY EQUIPMENT, DOCUMENTS, INFORMATION, MEDIA, SOFTWARE OR KNOW-HOW OBTAINED FROM THE STATE EXCEPT TO PERFORM THIS CONTRACT. NOTHING HEREIN SHALL BE CONSTRUED AS PRECLUDING THE USE OF ANY INFORMATION INDEPENDENTLY ACQUIRED BY VENDOR WITHOUT SUCH LIMITATION.

C) THE IDEAS, CONCEPTS, METHODOLOGIES, PROCESSES, INVENTIONS AND TOOLS (INCLUDING COMPUTER HARDWARE AND SOFTWARE WHERE APPLICABLE) THAT VENDOR PREVIOUSLY DEVELOPED AND BRINGS TO THE AGENCY IN FURTHERANCE OF PERFORMANCE OF THE CONTRACT SHALL REMAIN THE PROPERTY OF THE VENDOR. VENDOR GRANTS TO THE AGENCY A NONEXCLUSIVE LICENSE TO USE AND EMPLOY SUCH SOFTWARE, IDEAS, CONCEPTS, METHODOLOGIES, PROCESSES, INVENTIONS AND TOOLS SOLELY WITHIN ITS ENTERPRISE.

2.14 WARRANTY:

A) VENDOR WARRANTS THAT ALL SERVICES WILL BE PERFORMED IN A GOOD AND PROFESSIONAL MANNER. UNLESS OTHERWISE AGREED, VENDOR WARRANTS THAT SUPPLIES SHALL BE NEW, UNUSED, OF MOST CURRENT MANUFACTURE AND NOT DISCONTINUED; SUPPLIES SHALL BE FREE OF DEFECTS IN MATERIALS AND WORKMANSHIP, SHALL BE PROVIDED IN ACCORDANCE WITH MANUFACTURER'S STANDARDIZED WARRANTY AND SHALL PERFORM IN ACCORDANCE WITH MANUFACTURER'S PUBLISHED SPECIFICATIONS. VENDOR WARRANTS IT HAS TITLE TO, OR THE RIGHT TO ALLOW THE STATE TO USE, THE SUPPLIES AND SERVICES BEING PROVIDED AND THAT THE STATE MAY USE SAME WITHOUT SUIT, TROUBLE OR HINDRANCE FROM VENDOR OR THIRD PARTIES.

B) VENDOR, FOR ITSELF AND ITS SUBCONTRACTORS AND AGENTS, REPRESENTS AND WARRANTS THAT: (I) ALL PRODUCTS DELIVERED AND SERVICES PERFORMED UNDER THIS CONTRACT ARE 'YEAR 2000 COMPLIANT' AND WILL AND ARE DESIGNED TO ACCURATELY RECEIVE, RETRIEVE, PROCESS, PROVIDE AND OUTPUT DATE/TIME DATA FROM, IN AND BETWEEN THE TWENTIETH AND TWENTY-FIRST CENTURIES AND FROM, IN AND BETWEEN THE YEARS 1999 AND 2000. IN THE EVENT OF A BREACH OF THIS YEAR 2000 WARRANTY, VENDOR SHALL, AT ITS SOLE EXPENSE AND WITHOUT INTERRUPTING ONGOING BUSINESS OF THE STATE, IMMEDIATELY TAKE ALL NECESSARY ACTIONS TO CURE THE BREACH.

C) VENDOR WARRANTS THAT IT HAS TITLE TO, OR THE RIGHT TO ALLOW THE STATE TO USE, THE SUPPLIES AND SERVICES BEING PROVIDED AND THAT THE STATE WILL HAVE USE OF SAME WITHOUT SUIT, TROUBLE OR HINDRANCE FROM VENDOR OR THIRD PARTIES.

2.15 LIABILITY AND INSURANCE:

A) VENDOR AGREES TO ASSUME, WITHOUT LIMITATION, ALL RISK OF LOSS AND TO INDEMNIFY AND HOLD THE STATE, ITS OFFICERS, AGENTS AND EMPLOYEES, HARMLESS FROM AND AGAINST ALL LIABILITIES, DEMANDS, CLAIMS, SUITS, LOSSES, DAMAGES, CAUSES OF ACTION, FINES OR JUDGMENTS, INCLUDING COSTS, ATTORNEYS' AND WITNESSES' FEES AND EXPENSES INCIDENT THERETO, RELATING TO BODILY INJURIES TO PERSONS (INCLUDING DEATH) AND FOR LOSS OF, DAMAGE TO, OR DESTRUCTION OF REAL AND/OR TANGIBLE PERSONAL PROPERTY (INCLUDING PROPERTY OF THE STATE) RESULTING FROM THE NEGLIGENCE OR MISCONDUCT OF VENDOR, ITS EMPLOYEES, AGENTS OR SUBCONTRACTORS IN THE PERFORMANCE OF THE CONTRACT. VENDOR SHALL ASSUME RISK OF LOSS UNTIL DELIVERY TO THE AGENCY'S FACILITY. VENDOR SHALL DO NOTHING TO PREJUDICE THE STATE'S RIGHT TO RECOVER AGAINST THIRD

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PARTIES FOR ANY LOSS, DESTRUCTION OR DAMAGE TO STATE PROPERTY AND SHALL AT THE STATE'S REQUEST AND EXPENSE, FURNISH TO THE STATE REASONABLE ASSISTANCE AND COOPERATION, INCLUDING ASSISTANCE IN THE PROSECUTION OF SUIT AND THE EXECUTION OF INSTRUMENTS OF ASSIGNMENT IN FAVOR OF THE STATE IN OBTAINING RECOVERY.

B) VENDOR SHALL MAINTAIN PUBLIC LIABILITY, CASUALTY AND AUTO INSURANCE IN SUFFICIENT AMOUNT TO PROTECT THE STATE FROM LIABILITY FOR ACTS OF VENDOR AND RISKS AND INDEMNITIES ASSUMED BY VENDOR. IF VENDOR DOES NOT HAVE MINIMUM COVERAGE FOR BODILY INJURY OF \$250,000 PER PERSON/\$500,000 PER OCCURRENCE, AND FOR PROPERTY DAMAGE, \$100,000 PER OCCURRENCE, VENDOR MUST INFORM THE AGENCY AND SEEK WRITTEN PERMISSION FOR LESSER COVERAGE. VENDOR SHALL CARRY WORKER'S COMPENSATION INSURANCE IN AMOUNT REQUIRED BY LAW. UPON REQUEST, VENDOR SHALL PROVIDE AND MAINTAIN ANY BOND REQUIRED BY LAW OR THE AGENCY. UPON REQUEST, VENDOR SHALL PROVIDE COPIES OF CERTIFICATES OF INSURANCE EVIDENCING THE COVERAGE DESCRIBED IN THIS PARAGRAPH.

C) VENDOR SHALL, WITHOUT LIMITATION, AT ITS EXPENSE DEFEND THE AGENCY AGAINST ALL CLAIMS ASSERTED BY ANY PERSON THAT ANYTHING PROVIDED BY VENDOR INFRINGES A PATENT, COPYRIGHT, TRADE SECRET OR OTHER INTELLECTUAL PROPERTY RIGHT AND SHALL, WITHOUT LIMITATION, PAY THE COSTS, DAMAGES AND ATTORNEYS' FEES AWARDED AGAINST THE AGENCY IN ANY SUCH ACTION OR PAY ANY SETTLEMENT OF SUCH ACTION OR CLAIM. EACH PARTY AGREES TO NOTIFY THE OTHER PROMPTLY OF ANY MATTERS TO WHICH THIS PROVISION MAY APPLY AND TO COOPERATE WITH EACH OTHER IN CONNECTION WITH SUCH DEFENSE OR SETTLEMENT. IF A PRELIMINARY OR FINAL JUDGMENT SHALL BE OBTAINED AGAINST THE AGENCY'S USE OR OPERATION OF THE ITEMS PROVIDED BY VENDOR HEREUNDER OR ANY PART THEREOF BY REASON OF ANY ALLEGED INFRINGEMENT, VENDOR SHALL, AT ITS EXPENSE AND WITHOUT LIMITATION, EITHER (A) MODIFY THE ITEM SO THAT IT BECOMES NONINFRINGEMENT; OR (B) PROCURE FOR THE AGENCY THE RIGHT TO CONTINUE TO USE THE ITEM; OR (C) SUBSTITUTE FOR THE INFRINGING ITEM OTHER ITEM(S) HAVING AT LEAST EQUIVALENT CAPABILITY; OR (D) REFUND TO THE AGENCY AN AMOUNT EQUAL TO THE PRICE PAID, LESS REASONABLE USAGE FROM INSTALLATION ACCEPTANCE THROUGH CESSATION OF USE, WHICH AMOUNT SHALL BE CALCULATED ON A USEFUL LIFE NOT LESS THAN 5 YEARS, AND PLUS ANY ADDITIONAL COSTS THE STATE MAY INCUR TO ACQUIRE SUBSTITUTE SUPPLIES OR SERVICES.

D) THE AGENCY ASSUMES NO LIABILITY FOR ACTIONS OF VENDOR AND IS UNABLE TO INDEMNIFY OR HOLD VENDOR HARMLESS FOR CLAIMS BASED ON THIS CONTRACT OR USE OF VENDOR PROVIDED SUPPLIES OR SERVICES. UNLESS PROVIDED BY LAW, VENDOR IS NOT ELIGIBLE FOR INDEMNITY UNDER THE STATE EMPLOYEE INDEMNIFICATION ACT (5 ILCS 350/1). THE STATE'S LIABILITY FOR DAMAGES IS EXPRESSLY LIMITED BY AND SUBJECT TO THE PROVISIONS OF THE ILLINOIS COURT OF CLAIMS ACT (705 ILCS 505/1) AND TO THE AVAILABILITY OF SUITABLE APPROPRIATIONS.

2.16 TAX COMPLIANCE: VENDOR SHALL BE IN COMPLIANCE WITH APPLICABLE TAX REQUIREMENTS AND SHALL BE CURRENT IN PAYMENT OF SUCH TAXES.

2.17 SOLICITATION AND EMPLOYMENT: VENDOR SHALL NOT EMPLOY ANY PERSON EMPLOYED BY THE AGENCY DURING THE TERM OF THIS CONTRACT TO PERFORM ANY WORK REQUIRED BY THE TERMS OF THIS CONTRACT. AS A CONDITION OF THIS CONTRACT, THE VENDOR SHALL GIVE NOTICE IMMEDIATELY TO THE AGENCY'S DIRECTOR IF VENDOR SOLICITS OR INTENDS TO SOLICIT FOR EMPLOYMENT ANY OF THE AGENCY'S EMPLOYEES DURING THE TERM OF THIS CONTRACT. AGENCY HAS NO AUTHORITY TO CONTRACTUALLY REFUSE TO HIRE VENDOR'S EMPLOYEES WHO APPLY TO THE STATE FOR EMPLOYMENT.

2.18 BACKGROUND CHECK: THE STATE MAY CONDUCT CRIMINAL AND DRIVER HISTORY BACKGROUND CHECKS OF VENDOR'S OFFICERS, EMPLOYEES OR AGENTS WHO WOULD DIRECTLY SUPERVISE OR PHYSICALLY PERFORM THE CONTRACT REQUIREMENTS AT STATE FACILITIES. ANY OFFICER, EMPLOYEE OR AGENT DEEMED UNSUITABLE BY THE STATE MUST BE REPLACED IMMEDIATELY.

2.19 BREACH AND OTHER FOR CAUSE TERMINATION: AGENCY MAY TERMINATE THIS CONTRACT WITHOUT PENALTY TO THE AGENCY OR FURTHER PAYMENT REQUIRED IN THE EVENT OF: (I) ANY BREACH OF THIS CONTRACT WHICH, IF IT IS SUSCEPTIBLE OF BEING CURED, IS NOT CURED WITHIN 15 DAYS OF THE AGENCY GIVING NOTICE OF BREACH TO VENDOR, INCLUDING, BUT NOT LIMITED TO, FAILURE OF VENDOR TO MAINTAIN COVENANTS, REPRESENTATIONS, WARRANTIES, CERTIFICATIONS, BONDS AND INSURANCE; (II) COMMENCEMENT OF A PROCEEDING BY OR AGAINST A VENDOR UNDER THE UNITED STATES BANKRUPTCY CODE OR SIMILAR LAW; OR ANY ACTION BY VENDOR TO DISSOLVE, MERGE OR LIQUIDATE; OR (III) MATERIAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION PROVIDED BY VENDOR IN THE COURSE OF ANY DEALING BETWEEN THE PARTIES OR BETWEEN VENDOR AND ANY STATE AGENCY. IN THE EVENT OF SUCH TERMINATION FOR CAUSE, THE STATE SHALL HAVE THE OPTION OF PAYING FOR SERVICES PERFORMED AND/OR GOODS DELIVERED AND ACCEPTED BY THE STATE THAT ARE IN COMPLIANCE WITH THE REQUIREMENTS OF THE CONTRACT DOCUMENT PRIOR TO THE DATE OF TERMINATION, OR THE STATE MAY RETURN ONLY THE UNUSED OR UNCONSUMED GOODS TO THE CONTRACTOR OR VENDOR WITHOUT OBLIGATION FOR PAYMENT THEREOF OR FOR ANY SHIPPING COSTS ASSOCIATED THEREWITH.

2.20 FORCE MAJEURE: FAILURE BY EITHER PARTY TO PERFORM ITS DUTIES AND OBLIGATIONS WILL BE EXCUSED BY CIRCUMSTANCES BEYOND ITS REASONABLE CONTROL, INCLUDING ACTS OF GOD, ACTS OF THE PUBLIC ENEMY, RIOTS, LABOR OR MATERIAL SHORTAGES, LABOR DISPUTES, FIRE, FLOOD, EXPLOSION, LEGISLATION AND GOVERNMENTAL REGULATION.

2.21 DISPUTE RESOLUTION: THE STATE SHALL NOT ENTER INTO BINDING ARBITRATION TO RESOLVE ANY CONTRACT DISPUTE.

2.22 ANTITRUST ASSIGNMENT: VENDOR HEREBY ASSIGNS, SELLS AND TRANSFERS TO THE STATE OF ILLINOIS ALL RIGHT, TITLE AND

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INTEREST IN AND TO ANY CLAIMS AND CAUSES OF ACTION ARISING UNDER ANTITRUST LAWS OF ILLINOIS OR THE UNITED STATES RELATING TO THE SUBJECT MATTER OF THE CONTRACT.

2.23 APPLICABLE LAW: THIS CONTRACT SHALL BE CONSTRUED IN ACCORDANCE WITH AND BE SUBJECT TO ILLINOIS LAWS AND RULES, INCLUDING THE STANDARD PROCUREMENT RULES. THE DEPARTMENT OF HUMAN RIGHTS' EQUAL OPPORTUNITY REQUIREMENTS ARE INCORPORATED BY REFERENCE. ANY CLAIM AGAINST THE STATE ARISING OUT OF THIS CONTRACT MUST BE FILED EXCLUSIVELY WITH THE ILLINOIS COURT OF CLAIMS (705 ILCS 505/1). THE STATE OF ILLINOIS DOES NOT WAIVE SOVEREIGN IMMUNITY BY ENTERING INTO THIS CONTRACT. ANY PROVISION CONTAINING A CITATION TO ILLINOIS STATUTORY REQUIREMENTS (CITED ILCS) MAY NOT CONTAIN COMPLETE STATUTORY LANGUAGE. THE OFFICIAL TEXT, WHICH IS INCORPORATED BY REFERENCE, CAN BE FOUND IN THE APPROPRIATE CHAPTER AND SECTION OF THE ILLINOIS COMPILED STATUTES. AN UNOFFICIAL VERSION CAN BE VIEWED AT WWW.LEGIS.STATE.IL.US.

2.24 CONTRACTING AUTHORITY: CERTAIN AWARDS AND CONTRACTS MUST BE SIGNED OR APPROVED BY THE DIRECTOR OF THE DEPARTMENT OF CENTRAL MANAGEMENT SERVICES (CMS) BEFORE THEY ARE BINDING ON THE STATE. IN THOSE INSTANCES, CMS ACTS AS A CONTRACTING OR APPROVING AGENCY AND SHALL NOT BE RESPONSIBLE FOR COSTS OR FUNDING EVEN THOUGH PAYMENTS MAY BE MADE THROUGH CMS FACILITIES.

* * * * *

FINANCIAL INTERESTS AND POTENTIAL CONFLICTS OF INTERESTS

INSTRUCTIONS. THE ILLINOIS PROCUREMENT CODE REQUIRES THAT VENDORS DESIRING TO ENTER INTO CERTAIN CONTRACTS WITH THE STATE OF ILLINOIS MUST DISCLOSE THE FINANCIAL AND POTENTIAL CONFLICT OF INTEREST INFORMATION AS SPECIFIED BELOW (30 ILCS 500/50-13 AND 50-35 A,B,H).

VENDOR SHALL DISCLOSE THE FINANCIAL INTEREST, POTENTIAL CONFLICT OF INTEREST AND CONTRACT INFORMATION IDENTIFIED IN SECTIONS 1, 2, 3, AND 4 BELOW AS A CONDITION OF RECEIVING AN AWARD OR CONTRACT. PLEASE SUBMIT THIS INFORMATION ALONG WITH YOUR BID OR OFFER.

SECTION 1 APPLIES TO ALL CONTRACTS REGARDLESS OF DOLLAR AMOUNT. SECTIONS 2, 3, AND 4 APPLY TO CONTRACTS WITH AN ANNUAL VALUE EXCEEDING \$10,000 THAT MUST BE PROCURED USING ONE OF THE AUTHORIZED COMPETITIVE METHODS OF SOURCE SELECTION.

IF THE VENDOR IS A WHOLLY OWNED SUBSIDIARY OF A PARENT ORGANIZATION, SEPARATE DISCLOSURES (SECTIONS 2, 3, AND 4 BELOW) MUST BE MADE BY THE VENDOR AND THE PARENT. FOR PURPOSES OF THIS FORM, A PARENT ORGANIZATION IS ANY ENTITY THAT OWNS 100% OF THE VENDOR.

WHEN DETERMINING OWNERSHIP OR DISTRIBUTIVE INCOME SHARES, USE THE MOST CURRENT INFORMATION THAT YOU CONSIDER RELIABLE, BUT IN NO EVENT FOR A PERIOD BEFORE YOUR LAST COMPLETED FISCAL PERIOD.

A DESIGNEE MAY SUBMIT THIS FORM ON BEHALF OF THE VENDOR (OR ITS PARENT). HOWEVER, THAT PERSON MUST HAVE VERIFIED THE INFORMATION WITH EACH AFFECTED INDIVIDUAL.

VENDOR INFORMATION. THIS DISCLOSURE INFORMATION IS SUBMITTED ON BEHALF OF (SHOW OFFICIAL NAME OF VENDOR, AND IF APPLICABLE, D.B.A. AND PARENT):

NAME OF VENDOR: _____

D.B.A., IF USED: _____

NAME OF ANY PARENT ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON:

NAME: _____

TITLE: _____

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ADDRESS: _____

PHONE/FAX: _____

SECTION 1: SEC.50-13 CONFLICTS OF INTEREST

A) PROHIBITION. IT IS UNLAWFUL FOR ANY PERSON HOLDING AN ELECTIVE OFFICE IN THIS STATE, HOLDING A SEAT IN THE GENERAL ASSEMBLY, OR APPOINTED TO OR EMPLOYED IN ANY OF THE OFFICES OR AGENCIES OF STATE GOVERNMENT AND WHO RECEIVES COMPENSATION FOR SUCH EMPLOYMENT IN EXCESS OF 60% OF THE SALARY OF THE GOVERNOR OF THE STATE OF ILLINOIS (\$90,414.60), OR WHO IS AN OFFICER OR EMPLOYEE OF THE CAPITAL DEVELOPMENT BOARD OR THE ILLINOIS TOLL HIGHWAY AUTHORITY, OR WHO IS THE SPOUSE OR MINOR CHILD OF ANY SUCH PERSON, TO HAVE OR ACQUIRE ANY CONTRACT, OR ANY DIRECT PECUNIARY INTEREST IN ANY CONTRACT THEREIN, WHETHER FOR STATIONERY, PRINTING, PAPER, OR ANY SERVICES, MATERIALS, OR SUPPLIES, THAT WILL BE WHOLLY OR PARTIALLY SATISFIED BY THE PAYMENT OF FUNDS APPROPRIATED BY THE GENERAL ASSEMBLY OF THE STATE OF ILLINOIS OR IN ANY CONTRACT OF THE CAPITAL DEVELOPMENT BOARD OR THE ILLINOIS TOLL HIGHWAY AUTHORITY.

B) INTERESTES. IT IS UNLAWFUL FOR ANY FIRM, PARTNERSHIP, ASSOCIATION, OR CORPORATION, IN WHICH ANY PERSON LISTED IN SUBSECTION (A) IS ENTITLED TO RECEIVE (I) MORE THAN 7 1/2% OF THE TOTAL DISTRIBUTABLE INCOME OR (II) AN AMOUNT IN EXCESS OF THE SALARY OF THE GOVERNOR (\$150,691.00), TO HAVE OR ACQUIRE ANY SUCH CONTRACT OR DIRECT PECUNIARY INTEREST THEREIN.

C) COMBINED INTERESTS. IT IS UNLAWFUL FOR ANY FIRM, PARTNERSHIP, ASSOCIATION, OR CORPORATION, IN WHICH ANY PERSON LISTED IN SUBSECTION (A) TOGETHER WITH HIS OR HER SPOUSE OR MINOR CHILDREN IS ENTITLED TO RECEIVE (I) MORE THAN 15%, IN THE AGGREGATE, OF THE TOTAL DISTRIBUTABLE INCOME OR (II) AN AMOUNT IN EXCESS OF 2 TIMES THE SALARY OF THE GOVERNOR (\$301,382.00), TO HAVE OR ACQUIRE ANY SUCH CONTRACT OR DIRECT PECUNIARY INTEREST THEREIN.

D) SECURITIES. NOTHING IN THIS SECTION INVALIDATES THE PROVISIONS OF ANY BOND OR OTHER SECURITY PREVIOUSLY OFFERED OR TO BE OFFERED FOR SALE OR SOLD BY OR FOR THE STATE OF ILLINOIS.

E) PRIOR INTEREST. THIS SECTION DOES NOT AFFECT THE VALIDITY OF ANY CONTRACT MADE BETWEEN THE STATE AND AN OFFICER OR EMPLOYEE OF THE STATE OR MEMBER OF THE GENERAL ASSEMBLY, HIS OR HER SPOUSE, MINOR CHILD OR ANY COMBINATION OF THOSE PERSONS IF THAT CONTRACT WAS IN EXISTENCE BEFORE HIS OR HER ELECTION OR EMPLOYMENT AS AN OFFICER, MEMBER, OR EMPLOYEE. THE CONTRACT IS VOIDABLE, HOWEVER, IF IT CANNOT BE COMPLETED WITHIN 365 DAYS AFTER THE OFFICER, MEMBER, OR EMPLOYEE TAKES OFFICE OR IS EMPLOYED.

F) EXCEPTIONS.

1) PUBLIC AID PAYMENTS. THIS SECTION DOES NOT APPLY TO PAYMENTS MADE FOR A PUBLIC AID RECIPIENT.

2) TEACHING. THIS SECTION DOES NOT APPLY TO A CONTRACT FOR PERSONAL SERVICES AS A TEACHER OR SCHOOL ADMINISTRATOR BETWEEN A MEMBER OF THE GENERAL ASSEMBLY OR HIS OR HER SPOUSE, OR A STATE OFFICER OR EMPLOYEE OR HIS OR HER SPOUSE, AND ANY SCHOOL DISTRICT, PUBLIC COMMUNITY COLLEGE DISTRICT, OR STATE UNIVERSITY.

3) MINISTERIAL DUTIES. THIS SECTION DOES NOT APPLY TO A CONTRACT FOR PERSONAL SERVICES OF A WHOLLY MINISTERIAL CHARACTER, INCLUDING BUT NOT LIMITED TO SERVICES AS A LABORER, CLERK, TYPIST, STENOGRAPHER, PAGE, BOOKKEEPER, RECEPTIONIST, OR TELEPHONE SWITCHBOARD OPERATOR, MADE BY A SPOUSE OR MINOR CHILD OF AN ELECTIVE OR APPOINTIVE STATE OFFICER OR EMPLOYEE OR OF A MEMBER OF THE GENERAL ASSEMBLY.

4) CHILD AND FAMILY SERVICES. THIS SECTION DOES NOT APPLY TO PAYMENTS MADE TO A MEMBER OF THE GENERAL ASSEMBLY, A STATE OFFICER OR EMPLOYEE, HIS OR HER SPOUSE OR MINOR CHILD ACTING AS A FOSTER PARENT, HOMEMAKER, ADVOCATE, OR VOLUNTEER FOR OR IN BEHALF OF A CHILD OR FAMILY SERVED BY THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES.

5) LICENSED PROFESSIONALS. CONTRACTS WITH LICENSED PROFESSIONALS, PROVIDED THEY ARE COMPETITIVELY BID OR PART OF A REIMBURSEMENT PROGRAM FOR SPECIFIC, CUSTOMARY GOODS AND SERVICES THROUGH THE DEPARTMENTS OF CHILDREN AND FAMILY SERVICES, HUMAN SERVICES, PUBLIC AID, PUBLIC HEALTH, OR AGING.

CHECK ONE:

_____ NO CONFLICT OF INTEREST

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_____ POTENTIAL CONFLICT OF INTEREST. IF CHECKED, NAME EACH CONFLICTED INDIVIDUAL, THE NATURE OF THE CONFLICT, AND THE NAME OF THE STATE AGENCY THAT IS ASSOCIATED DIRECTLY OR INDIRECTLY WITH THE CONFLICTED INDIVIDUAL.

SECTION 2: DISCLOSURE OF FINANCIAL INTEREST IN THE VENDOR
 ALL VENDORS, EXCEPT FOR PUBLICLY TRADED CORPORATIONS SUBJECT TO SEC REPORTING REQUIREMENTS AND PRIVATELY HELD CORPORATIONS WITH MORE THAN 400 SHAREHOLDERS, MUST COMPLETE SUBSECTION "A" BELOW. PUBLICLY TRADED CORPORATIONS MAY COMPLETE SUBSECTION "B" AND PRIVATELY HELD CORPORATIONS WITH MORE THAN 400 SHAREHOLDERS MAY COMPLETE SUBSECTION "C" IN LIEU OF COMPLETING SUBSECTION "A".

A) FOR EACH INDIVIDUAL HAVING ONE OF THE FOLLOWING FINANCIAL INTERESTS IN THE VENDOR (OR ITS PARENT), PLEASE MARK EACH THAT APPLY AND SHOW THE APPLICABLE NAME AND ADDRESS. THEN COMPLETE SECTIONS 3 AND 4. IF NO INDIVIDUAL HAS THE STATED INTEREST, MARK THIS BLANK_____, SKIP SECTION 3, BUT COMPLETE SECTION 4.

OWNERSHIP EXCEEDING 5%
 OWNERSHIP VALUE EXCEEDING \$90,414.60
 DISTRIBUTIVE INCOME SHARE EXCEEDING 5%
 DISTRIBUTIVE INCOME SHARE EXCEEDING \$90,414.60

(____)
 (____)
 (____)
 (____)

NAME: _____

ADDRESS: _____

FOR EACH INDIVIDUAL IDENTIFIED ABOVE, SHOW:

THE DOLLAR VALUE OF THE OWNERSHIP INTEREST

\$_____

OR

THE PROPORTIONATE SHARE OF THE OWNERSHIP INTEREST:

_____%

AND

THE TYPE OF OWNERSHIP/DISTRIBUTABLE INCOME SHARE:

SOLE PROPRIETORSHIP ____ STOCK ____ PARTNERSHIP ____

OTHER (EXPLAIN) _____

FOR PARTNERSHIPS WITH MORE THAN 50 BUT FEWER THAN 400 PARTNERS, THE PROPORTIONATE SHARE OF OWNERSHIP INTEREST OF EACH INDIVIDUAL IDENTIFIED ABOVE MAY BE SHOWN IN THE FOLLOWING RANGES:

1%____ 1 UP TO 2%____ 2 UP TO 3%____ 3 UP TO 4%____ 4 UP TO 5%____

AND IN ADDITIONAL 1% INCREMENTS AS APPROPRIATE____%

FOR PARTNERSHIPS WITH MORE THAN 400 PARTNERS, THE PROPORTIONATE SHARE OF OWNERSHIP MAY BE SHOWN IN THE FOLLOWING RANGES:

0.5% OR LESS____ GREATER THAN 0.5% TO 1.0%____ GREATER THAN 1.0 TO 1.5%____

AND, AS APPROPRIATE, IN ADDITIONAL 0.5 INCREMENTS____%

B) PUBLICLY TRADED CORPORATIONS SUBJECT TO SEC REPORTING REQUIREMENTS. THESE VENDORS MAY SUBMIT THEIR 10 K DISCLOSURE (INCLUDE PROXY IF REFERENCED IN 10K) IN SATISFACTION OF THE FINANCIAL AND CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS SET FORTH IN SUBSECTIONS 50-35 A AND B OF THE PROCUREMENT CODE. FORM SEC 20F OR 40F, SUPPLEMENTED WITH THE NAMES OF THOSE OWNING IN EXCESS OF 5% AND UP TO THE OWNERSHIP PERCENTAGES DISCLOSED IN THOSE SUBMISSIONS, MAY BE ACCEPTED AS BEING SUBSTANTIALLY EQUIVALENT TO 10K. VENDOR MAY SKIP SECTION 3 OF THIS FORM, BUT MUST COMPLETE SECTION 4.

CHECK HERE IF SUBMITTING A 10K____, 20F____, OR 40F____

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C) PRIVATELY HELD CORPORATIONS WITH MORE THAN 400 SHAREHOLDERS. THESE VENDORS MAY SUBMIT THE INFORMATION IDENTIFIED IN 17 CFR 229.401 AND LIST THE NAMES OF ANY PERSON OR ENTITY HOLDING ANY OWNERSHIP SHARE IN EXCESS OF 5% IN SATISFACTION OF THE FINANCIAL AND CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS SET FORTH IN SUBSECTIONS 50-35 A AND B OF THE PROCUREMENT CODE. VENDOR MAY SKIP SECTION 3 OF THIS FORM, BUT MUST COMPLETE SECTION 4.

CHECK HERE IF SUBMITTING 17 CFR INFORMATION _____

SECTION 3: DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST. FOR EACH INDIVIDUAL HAVING THE LEVEL OF FINANCIAL INTEREST IDENTIFIED IN SECTION 2(A) ABOVE, INDICATE WHICH, IF ANY, OF THE FOLLOWING POTENTIAL CONFLICT OF INTEREST RELATIONSHIPS APPLY. IF 'YES,' PLEASE DESCRIBE EACH SITUATION (LABEL WITH APPROPRIATE LETTER) USING THE SPACE AT THE END OF THIS SECTION 3 OR ATTACH ADDITIONAL PAGES AS NECESSARY.

A. STATE EMPLOYMENT, CURRENTLY OR IN THE PREVIOUS 3 YEARS, INCLUDING CONTRACTUAL EMPLOYMENT OF SERVICES (DIRECTLY WITH THE INDIVIDUALS IDENTIFIED IN SECTION '1' IN THEIR INDIVIDUAL CAPACITY UNRELATED TO THE VENDOR'S CONTRACT. IDENTIFY CONTRACTS WITH THE VENDOR IN SECTION '4').	YES ____	NO ____
B. STATE EMPLOYMENT OF SPOUSE, FATHER, MOTHER, SON OR DAUGHTER, INCLUDING CONTRACTUAL EMPLOYMENT FOR SERVICES IN THE PREVIOUS 2 YEARS.	YES ____	NO ____
C. ELECTIVE STATUS; THE HOLDING OF ELECTIVE OFFICE OF THE STATE OF ILLINOIS, THE GOVERNMENT OF THE UNITED STATES, ANY UNIT OF LOCAL GOVERNMENT AUTHORIZED BY THE CONSTITUTION OF THE STATE OF ILLINOIS OR THE STATUTES OF THE STATE OF ILLINOIS CURRENTLY OR IN THE PREVIOUS 3 YEARS.	YES ____	NO ____
D. RELATIONSHIP TO ANYONE HOLDING ELECTIVE OFFICE CURRENTLY OR IN THE PREVIOUS 2 YEARS; SPOUSE, FATHER, MOTHER, SON OR DAUGHTER.	YES ____	NO ____
E. APPOINTIVE OFFICE; THE HOLDING OF ANY APPOINTIVE GOVERNMENT OFFICE OF THE STATE OF ILLINOIS. THE UNITED STATES OF AMERICA OR ANY UNIT OF LOCAL GOVERNMENT AUTHORIZED BY THE CONSTITUTION OF THE STATE OF ILLINOIS OR THE STATUTES OF THE STATE OF ILLINOIS, WHICH OFFICE ENTITLES THE HOLDER TO COMPENSATION IN EXCESS OF EXPENSES INCURRED IN THE DISCHARGE OF THAT OFFICE CURRENTLY OR IN THE PREVIOUS 3 YEARS.	YES ____	NO ____
F. RELATIONSHIP TO ANYONE HOLDING APPOINTIVE OFFICE CURRENTLY OR IN THE PREVIOUS 2 YEARS; SPOUSE, FATHER, MOTHER, SON OR DAUGHTER.	YES ____	NO ____
G. EMPLOYMENT, CURRENTLY OR IN THE PREVIOUS 3 YEARS, AS OR BY ANY REGISTERED LOBBYIST OF THE STATE GOVERNMENT.	YES ____	NO ____
H. RELATIONSHIP TO ANYONE WHO IS OR WAS A REGISTERED LOBBYIST IN THE PREVIOUS 2 YEARS; SPOUSE, FATHER, MOTHER, SON OR DAUGHTER.	YES ____	NO ____
I. COMPENSATED EMPLOYMENT, CURRENTLY OR IN THE PREVIOUS 3 YEARS, BY ANY REGISTERED ELECTION OR RE-ELECTION COMMITTEE REGISTERED WITH THE SECRETARY OF STATE OR ANY COUNTY CLERK IN THE STATE OF ILLINOIS OR ANY POLITICAL ACTION COMMITTEE REGISTERED WITH EITHER THE SECRETARY OF STATE OR THE FEDERAL BOARD OF ELECTIONS.	YES ____	NO ____
J. RELATIONSHIP TO ANYONE; SPOUSE, FATHER, MOTHER, SON OR DAUGHTER; WHO IS OR WAS A COMPENSATED EMPLOYEE IN THE LAST 2 YEARS OF ANY REGISTERED ELECTION OR RE-ELECTION COMMITTEE REGISTERED WITH THE SECRETARY OF STATE OR ANY COUNTY CLERK IN THE STATE OF ILLINOIS OR ANY POLITICAL ACTION COMMITTEE REGISTERED WITH EITHER THE SECRETARY OF STATE OR THE FEDERAL BOARD OF ELECTIONS.	YES ____	NO ____

EXPLANATION OF POTENTIAL CONFLICTS OF INTEREST.

SECTION 4. CURRENT AND PENDING CONTRACTS AND OFFERS (BIDS AND PROPOSALS).

A) VENDOR SHALL IDENTIFY EACH CONTRACT IT HAS WITH OTHER UNITS OF STATE OF ILLINOIS GOVERNMENT BY SHOWING AGENCY NAME AND OTHER DESCRIPTIVE INFORMATION SUCH AS PURCHASE ORDER OR CONTRACT REFERENCE NUMBER (ATTACH ADDITIONAL PAGES AS NECESSARY). SHOW 'NONE' IF APPROPRIATE.

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B) VENDOR SHALL IDENTIFY WHETHER IT HAS PENDING CONTRACTS (INCLUDING LEASES), BIDS, PROPOSALS, OR OTHER ONGOING PROCUREMENT RELATIONSHIPS WITH OTHER UNITS OF STATE OF ILLINOIS GOVERNMENT BY SHOWING AGENCY NAME AND OTHER DESCRIPTIVE INFORMATION SUCH AS BID OR PROJECT NUMBER (ATTACH ADDITIONAL PAGES AS NECESSARY). SHOW 'NONE' IF APPROPRIATE.

DOMESTIC PRODUCTS. YOU MAY BE ELIGIBLE FOR A PREFERENCE WHEN WE EVALUATE YOUR RESPONSE TO THIS SOLICITATION IF YOUR PRODUCT IS MANUFACTURED IN THE UNITED STATES.

THE PROCUREMENT OF DOMESTIC PRODUCTS ACT (30 ILCS 517) STATES: "MANUFACTURED IN THE UNITED STATES MEANS, IN THE CASE OF ASSEMBLED ARTICLES, MATERIALS, OR SUPPLIES, THAT DESIGN, FINAL ASSEMBLY, PROCESSING, PACKAGING, TESTING OR OTHER PROCESS THAT ADDS VALUE, QUALITY, OR RELIABILITY OCCURS IN THE UNITED STATES."

IF, AFTER READING THE CITED ACT, YOU MADE THE FOLLOWING CERTIFICATION, WE WILL, AS NECESSARY, INVESTIGATE THE CLAIM AND CONSIDER APPLYING THE ALLOWABLE PREFERENCE SET FORTH IN THE STANDARD PROCUREMENT RULES (44 ILL. ADM. CODE 1.4575).

I CERTIFY THE FOLLOWING PRODUCT OF PRODUCTS BID OR PROPOSED IN RESPONSE TO THIS SOLICITATION MEET THE REQUIREMENTS OF THE PROCUREMENT OF DOMESTIC PRODUCTS ACT:

CHECK AND COMPLETE AS APPLICABLE:

ALL PRODUCTS

THE FOLLOWING LINE ITEM (LIST BY NUMBER OR DESCRIPTION, IF NO LINE NUMBER)

SUBCONTRACTORS. VENDOR SHALL IDENTIFY THE NAMES AND ADDRESSES OF ALL SUBCONTRACTORS UTILIZED BY VENDOR IN THE PERFORMANCE OF THIS CONTRACT, TOGETHER WITH THE ANTICIPATED AMOUNT OF MONEY THAT EACH SUBCONTRACTOR IS EXPECTED TO RECEIVE PURSUANT TO THIS CONTRACT. THE STATE MAY REQUEST UPDATED INFORMATION AT ANY TIME.

FOR PURPOSES OF THIS SECTION, SUBCONTRACTORS ARE THOSE SPECIFICALLY HIRED TO PERFORM ALL OR PART OF THE WORK OF THIS CONTRACT OR TO PROVIDE THE SUPPLIES REQUESTED BY THE STATE.

SUBCONTRACTOR NAME

AMOUNT TO BE PAID

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DISCLOSURE OF BUSINESS OPERATIONS WITH GOVERNMENT OF IRAN
30 ILCS 500/50-36

EACH BID, OFFER, OR PROPOSAL SUBMITTED FOR A STATE CONTRACT, OTHER THAN A SMALL PURCHASE DEFINED IN SECTION 20-20, OF THE ILLINOIS PROCUREMENT CODE, SHALL INCLUDE A DISCLOSURE OF WHETHER OR NOT THE BIDDER, OFFEROR, OR PROPOSING ENTITY, OR ANY OF ITS CORPORATE PARENTS OR SUBSIDIARIES, WITHIN THE 24 MONTHS BEFORE SUBMISSION OF THE BID, OFFER, OR PROPOSAL HAD BUSINESS OPERATIONS THAT INVOLVED CONTRACTS WITH OR PROVISION OF SUPPLIES OR SERVICES TO THE GOVERNMENT OF IRAN, COMPANIES IN WHICH THE GOVERNMENT OF IRAN HAS ANY DIRECT OR INDIRECT EQUITY SHARE, CONSORTIUMS OR PROJECTS COMMISSIONED BY THE GOVERNMENT OF IRAN AND :

(1) MORE THAN 10% OF THE COMPANY'S REVENUES PRODUCED IN OR ASSETS LOCATED IN IRAN INVOLVE OIL-RELATED ACTIVITIES OR MINERAL-EXTRACTION ACTIVITIES; LESS THAN 75% OF THE COMPANY'S REVENUES PRODUCED IN OR ASSETS LOCATED IN IRAN INVOLVE CONTRACTS WITH OR PROVISION OF OIL-RELATED OR MINERAL - EXTRACTION PRODUCTS OR SERVICES TO THE GOVERNMENT OF IRAN OR A PROJECT OR CONSORTIUM CREATED EXCLUSIVELY BY THAT GOVERNMENT; AND THE COMPANY HAS FAILED TO TAKE SUBSTANTIAL ACTION; OR

(2) THE COMPANY HAS, ON OR AFTER AUGUST 5, 1996, MADE AN INVESTMENT OF \$20 MILLION OR MORE, OR ANY COMBINATION OF INVESTMENTS OF AT LEAST \$10 MILLION EACH THAT IN THE AGGREGATE EQUALS OR EXCEEDS \$20 MILLION IN ANY 12-MONTH PERIOD THAT DIRECTLY OR SIGNIFICANTLY CONTRIBUTES TO THE ENHANCEMENT OF IRAN'S ABILITY TO DEVELOP PETROLEUM RESOURCES OF IRAN.

A BID, OFFER, OR PROPOSAL THAT DOES NOT INCLUDE THIS DISCLOSURE SHALL NOT BE CONSIDERED RESPONSIVE. WE MAY CONSIDER THIS DISCLOSURE WHEN EVALUATING THE BID, OFFER, OR PROPOSAL OR AWARDING THE CONTRACT.

YOU MUST CHECK ONE OF THE FOLLOWING ITEMS AND IF ITEM 2 IS CHECKED YOU MUST ALSO MAKE THE NECESSARY DISCLOSURE.

1. ☐ THERE ARE NO BUSINESS OPERATIONS THAT MUST BE DISCLOSED TO COMPLY WITH THE ABOVE CITED LAW.

2. ☐ THE FOLLOWING BUSINESS OPERATIONS ARE DISCLOSED TO COMPLY WITH THE ABOVE CITED LAW:

TAXPAYER IDENTIFICATION NUMBER

I CERTIFY THAT:

1. THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER (OR I AM WAITING FOR A NUMBER TO BE ISSUED TO ME), AND

2. I AM NOT SUBJECT TO BACKUP WITHHOLDING BECAUSE: (A) I AM EXEMPT FROM BACKUP WITHHOLDING, OR (B) I HAVE NOT BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE (IRS) THAT I AM SUBJECT TO BACKUP WITHHOLDING AS A RESULT OF A FAILURE TO REPORT ALL INTEREST OR DIVIDENDS, OR (C) THE IRS HAS NOTIFIED ME THAT I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING, AND

3. I AM A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN).

NAME:_____

TAXPAYER IDENTIFICATION NUMBER:

SOCIAL SECURITY NUMBER:_____

OR

FEDERAL EMPLOYEE IDENTIFICATION NUMBER:_____

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(IF YOU ARE AN INDIVIDUAL, ENTER YOUR NAME AND SSN AS IT APPEARS ON YOUR SOCIAL SECURITY CARD. IF COMPLETING THIS CERTIFICATION FOR A SOLE PROPRIETORSHIP, ENTER THE OWNER'S NAME FOLLOWED BY THE NAME OF THE BUSINESS AND THE OWNER'S SSN OR FEIN. FOR ALL OTHER ENTITIES, ENTER THE NAME OF THE ENTITY AS USED TO APPLY FOR THE ENTITY'S FEIN AND THE FEIN.) LEGAL STATUS (CHECK ONE): <table><tr><td>☐ INDIVIDUAL</td><td>☐ GOVERNMENT</td></tr><tr><td>☐ SOLE PROPRIETOR</td><td>☐ NONRESIDENT ALIEN</td></tr><tr><td>☐ PARTNERSHIP/LEGAL CORPORATION</td><td>☐ ESTATE OR TRUST</td></tr><tr><td>☐ TAX-EXEMPT</td><td>☐ PHARMACY (NON-CORP)</td></tr><tr><td>☐ CORPORATION PROVIDING OR BILLING MEDICAL AND/OR HEALTH CARE SERVICES</td><td>☐ PHARMACY/FUNERAL HOME/CEMETERY (CORP)</td></tr><tr><td>☐ CORPORATION NOT PROVIDING OR BILLING MEDICAL AND/OR HEALTH CARE SERVICES</td><td>☐ OTHER: _____</td></tr><tr><td></td><td>☐ LIMITED LIABILITY COMPANY</td></tr><tr><td></td><td>☐ D DISREGARDED ENTITY</td></tr><tr><td></td><td>☐ C CORPORATION</td></tr><tr><td></td><td>☐ P PARTNERSHIP</td></tr></table>				☐ INDIVIDUAL	☐ GOVERNMENT	☐ SOLE PROPRIETOR	☐ NONRESIDENT ALIEN	☐ PARTNERSHIP/LEGAL CORPORATION	☐ ESTATE OR TRUST	☐ TAX-EXEMPT	☐ PHARMACY (NON-CORP)	☐ CORPORATION PROVIDING OR BILLING MEDICAL AND/OR HEALTH CARE SERVICES	☐ PHARMACY/FUNERAL HOME/CEMETERY (CORP)	☐ CORPORATION NOT PROVIDING OR BILLING MEDICAL AND/OR HEALTH CARE SERVICES	☐ OTHER: _____		☐ LIMITED LIABILITY COMPANY		☐ D DISREGARDED ENTITY		☐ C CORPORATION		☐ P PARTNERSHIP
☐ INDIVIDUAL	☐ GOVERNMENT																						
☐ SOLE PROPRIETOR	☐ NONRESIDENT ALIEN																						
☐ PARTNERSHIP/LEGAL CORPORATION	☐ ESTATE OR TRUST																						
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☐ CORPORATION PROVIDING OR BILLING MEDICAL AND/OR HEALTH CARE SERVICES	☐ PHARMACY/FUNERAL HOME/CEMETERY (CORP)																						
☐ CORPORATION NOT PROVIDING OR BILLING MEDICAL AND/OR HEALTH CARE SERVICES	☐ OTHER: _____																						
	☐ LIMITED LIABILITY COMPANY																						
	☐ D DISREGARDED ENTITY																						
	☐ C CORPORATION																						
	☐ P PARTNERSHIP																						

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A10120: BID FIRM TIME:

THE STATE MAY ACCEPT THE BID AT ANY TIME WITHIN 90 DAYS OF BID OPENING AND SUCH ACCEPTANCE SHALL BIND THE BIDDER TO PERFORM IN ACCORDANCE WITH THE TERMS AND CONDITIONS CONTAINED IN OR REFERENCED IN THIS INVITATION FOR BID.

K35900: SCOPE:

THE STATE OF ILLINOIS, DEPARTMENT OF CENTRAL MANAGEMENT SERVICES, BUREAU OF STRATEGIC SOURCING AND PROCUREMENT, IS SOLICITING BIDS FROM QUALIFIED VENDORS FOR FROZEN CONVENIENCE FOODS FOR DELIVERY JANUARY THRU MARCH 2009 FOR THE DEPARTMENTS OF CORRECTIONS, JUVENILE JUSTICE, HUMAN SERVICES, AND VETERANS' AFFAIRS.

K35901: GENERAL SPECIFICATIONS:

1. PRODUCT QUALITY - ALL PRODUCTS MUST BE OF THE BEST QUALITY AND SHALL BE PREPARED IN ACCORDANCE WITH THE BEST COMMERCIAL PRACTICE, UNDER STRICT SANITARY CONDITIONS. ALL DELIVERIES MUST CONFORM IN EVERY RESPECT TO THE PROVISIONS OF THE FEDERAL FOOD, DRUG AND COSMETIC ACT OR LATEST REVISION THEREOF IN EFFECT AT THE DATE OF THE BID OPENING.
2. APPLICABLE DOCUMENTS - THE FOLLOWING DOCUMENTS OF THE ISSUES IN EFFECT ON DATE OF THE INVITATION FOR BID SHALL BE A PART OF THIS SPECIFICATION: FAIR PACKAGING ACT AND LABELING ACT, USDA STANDARDS FOR MEAT AND POULTRY PRODUCTS WHEN APPLICABLE, TRUTH-IN-LABELING REGULATIONS, FOOD LABELING ACT, HR 5642.
3. INSPECTION - PRODUCTS SHALL BE PREPARED AND PROCESSED IN A PLANT THAT IS INSPECTED BY THE ILLINOIS DEPARTMENT OF AGRICULTURE OR THE UNITED STATES DEPARTMENT OF AGRICULTURE.
4. PACKAGING - UNLESS OTHERWISE SPECIFIED, THE ITEM SHALL BE DELIVERED IN STANDARD COMMERCIAL CONTAINER, SO CONSTRUCTED AS TO INSURE ACCEPTANCE BY COMMON OR OTHER CARRIERS, FOR SAFE TRANSPORTATION, TO THE POINT OF DELIVERY, AND TO MAINTAIN MAXIMUM FRESHNESS AND QUALITY OF PRODUCT. GLASS CONTAINERS AND METAL PULL TABS ARE UNACCEPTABLE. ALL FROZEN CONVENIENCE FOOD PRODUCTS SHALL BE SUFFICIENTLY STABLE TO WITHSTAND REHEATING IN A STEAM TABLE, BAKE OVEN, HIGH SPEED CONVECTION OVEN, OR MICROWAVE OVEN.
5. MINIMUM ACCEPTABLE WEIGHT - IN THE DETAILED SPECIFICATION, THE AMOUNT SPECIFIED SHALL BE THE MINIMUM WEIGHT ACCEPTABLE FOR THE LINE ITEM.
6. TRAY/PACK SIZE - IN THOSE ITEMS WHERE A SPECIFIC TRAY OR PACK SIZE HAS BEEN DESIGNATED, THE DESIGNATION IS NOT INTENDED TO BE RESTRICTIVE. DEVIATIONS IN TRAY OR PACK SIZE WILL BE CONSIDERED BUT SHOULD NOT BE CONSTRUED AS AN OPPORTUNITY TO QUOTE EXCESSIVELY LARGE TRAY OR PACK SIZES. IF BIDDING OTHER THAN AS SPECIFIED, INDICATE TRAY/PACK SIZE ON YOUR BID. ACCEPTANCE OF ALTERNATE TRAY/PACK SIZE SHALL BE MADE AT THE ABSOLUTE DISCRETION OF THE DEPARTMENT OF CENTRAL MANAGEMENT SERVICES, BUREAU OF STRATEGIC SOURCING AND PROCUREMENT (CMS/BOSSAP).
7. BRAND NAME DESIGNATION - THE DESIGNATION OF A BRAND NAME OR CATALOG NUMBER IS INTENDED TO INDICATE A STANDARD OF QUALITY AND IS NOT INTENDED TO RESTRICT BIDDING.

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8. EXPIRATION/USE BY DATES - ITEMS MUST BE CLEARLY MARKED WITH EXPIRATION AND/OR USE BY DATES. EXPIRATION AND/OR USE BY DATES MUST BE A MINIMUM 30 DAYS OUT FROM DATE OF DELIVERY.

9. NUTRITIONAL ANALYSIS - NUTRITIONAL LABELING IS REQUIRED AS REQUIRED BY THE U.S. FOOD AND DRUG ADMINISTRATION.

10. PRODUCT RECALL - THE CONTRACTOR IS RESPONSIBLE FOR NOTIFYING THE CONTRACT MANAGER WITH RECALLS OF ANY PRODUCT DELIVERED TO A STATE AGENCY DURING THE MONTHS OF DELIVERY AND 30 DAYS PAST THE LAST DELIVERY.

11. BEEF ORGANS - BEEF ORGANS SHALL BE UNACCEPTABLE AS INGREDIENTS IN PRODUCTS CONTAINED WITHIN THIS INVITATION FOR BID.

12. PORK FAT - PRODUCTS DELIVERED TO ADULT CORRECTIONAL FACILITIES CANNOT CONTAIN PORK FAT. LABELS MUST CLEARLY INDICATE THE KIND OF FAT CONTAINED WITHIN THE PRODUCT.

K35902: POST BID OPENING SAMPLES:

AFTER THE BID OPENING, THE APPARENT LOW BIDDER MAY BE REQUIRED TO SUBMIT A SAMPLE OF THE PRODUCT(S) BID TO CMS/BOSSAP, FOR TESTING AND EVALUATION. SUBMISSION OF SUCH SAMPLE(S) SHALL BE AT NO ADDITIONAL COST TO THE STATE. FAILURE TO COMPLY WILL CAUSE THE BID TO BE CONSIDERED NON-RESPONSIVE AND THEREFORE DISQUALIFIED.

POST AWARD TESTING AND ANALYSIS:
POST-BID SAMPLE EVALUATION - THROUGHOUT THE DELIVERY PERIOD, CMS/BOSSAP, MAY REQUEST SAMPLES FROM ACTUAL DELIVERIES MADE TO AGENCIES AND HAVE THESE SAMPLES TESTED BY USDA TO DETERMINE COMPLIANCE WITH SPECIFICATIONS. IN THE EVENT THAT THE ITEM(S) FAIL TO COMPLY, THE TESTING COSTS SHALL BE BORNE BY THE CONTRACTOR. IN THE EVENT THAT THE ITEM(S) MEET SPECIFICATIONS, THE TESTING COSTS SHALL BE BORNE BY THE STATE.

METHOD OF AWARD:
AWARD WILL BE MADE TO THE LOW RESPONSIVE, RESPONSIBLE BIDDER PER LINE ITEM MEETING THE MINIMUM SPECIFICATIONS.

IF BIDDING AN ALTERNATE SERVING AND/OR CASE SIZE, BIDDER MUST STATE SIZE CLEARLY ON HIS OFFER. FAILURE TO DO SO WILL RESULT IN THE ASSUMPTION BEING MADE THAT THE BIDDER'S OFFER IS EXACTLY AS SPECIFIED. IT WILL BE AT THE ABSOLUTE DISCRETION OF THE DEPARTMENT OF CENTRAL MANAGEMENT SERVICES, BUREAU OF STRATEGIC SOURCING AND PROCUREMENT, TO DECIDE IF ALTERNATE SERVING SIZE IS TOO LARGE OR TOO SMALL.

THE FOLLOWING ITEMS WILL BE AWARDED ON THE BASIS OF LOW COST PER SERVING (AS OPPOSED TO LOW COST PER OUNCE): BISCUITS, FRENCH TOAST, WAFFLES, PANCAKES, OMELETS, SCRAMBLED EGGS, POT PIES, POUND CAKE, COFFEE CAKE, TURNOVERS, MUFFINS, BURRITOS, TACOS, TAMALES, ENCHILADAS, TORTILLAS, CORN DOGS, PIZZAS, CHEESE SANDWICHES AND STYLE FOODS.

OTHER ITEMS WILL BE AWARDED ON THE BASIS OF LOW COST PER OUNCE OR POUND.

K35903: DELIVERY:

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DELIVERY SHALL BE MADE AS DIRECTED BY THE INSTITUTION CONCERNED. IT SHALL BE THE RESPONSIBILITY OF THE SUCCESSFUL BIDDER TO CONTACT THE INSTITUTION DIRECT FOR EXACT SHIPPING AND ARRIVAL DATES AND OTHER OPERATING INSTRUCTIONS.		

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00001	COMMODITY NO: 5142-359-6032 SURVEY LINE NO: 00001 SAUSAGE & BISCUITS, BREAKFAST STYLE. SAUSAGE PATTY BETWEEN TWO BUTTERMILK BISCUITS. FULLY COOKED. FROZEN. HEAT AND SERVE. 24/3 OZ. SERVINGS PER CASE. TWIN PACKS. APPROXIMATE TENNESSEE PRIDE, GFS 511676 OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 80.000	80	CASE	_____	_____
00002	COMMODITY NO: 5142-359-6032 SURVEY LINE NO: 00001 SAUSAGE & BISCUITS, BREAKFAST STYLE. SAUSAGE PATTY BETWEEN TWO BUTTERMILK BISCUITS. FULLY COOKED. FROZEN. HEAT AND SERVE. 24/3 OZ. SERVINGS PER CASE. TWIN PACKS. APPROXIMATE TENNESSEE PRIDE, GFS 511676 OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 8.000	8	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 21
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00003	COMMODITY NO: 5142-359-6032 SURVEY LINE NO: 00001 SAUSAGE & BISCUITS, BREAKFAST STYLE. SAUSAGE PATTY BETWEEN TWO BUTTERMILK BISCUITS. FULLY COOKED. FROZEN. HEAT AND SERVE. 24/3 OZ. SERVINGS PER CASE. TWIN PACKS. APPROXIMATE TENNESSEE PRIDE, GFS 511676 OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 10.000 FEB 09 20.000 MAR 09 10.000	40	CASE	_____	_____
00004	COMMODITY NO: 5142-359-0137 SURVEY LINE NO: 00002 BISCUITS, BUTTERMILK, 120 PER CASE, 2 OZ. EACH BISCUIT, FULLY BAKED, FROZEN. SLICED. BISCUITS SHALL CONSIST OF FLOUR, SHORT- ENING, BUTTERMILK, BAKING POWDER, SUGAR, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 8.000	8	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 22
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00005	COMMODITY NO: 5142-359-0137 SURVEY LINE NO: 00002 BISCUITS, BUTTERMILK, 120 PER CASE, 2 OZ. EACH BISCUIT, FULLY BAKED, FROZEN. SLICED. BISCUITS SHALL CONSIST OF FLOUR, SHORTENING, BUTTERMILK, BAKING POWDER, SUGAR, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 15.000 FEB 09 10.000 MAR 09 10.000 120/CASE; ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEM NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	35	CASE	_____	_____
00006	COMMODITY NO: 5142-359-0137 SURVEY LINE NO: 00002 BISCUITS, BUTTERMILK, 120 PER CASE, 2 OZ. EACH BISCUIT, FULLY BAKED, FROZEN. SLICED. BISCUITS SHALL CONSIST OF FLOUR, SHORTENING, BUTTERMILK, BAKING POWDER, SUGAR, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE	6	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 23
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00007	JACKSONVILLE, IL 62650 JAN 09 6.000 COMMODITY NO: 5142-359-0137 SURVEY LINE NO: 00002 BISCUITS, BUTTERMILK, 120 PER CASE, 2 OZ. EACH BISCUIT, FULLY BAKED, FROZEN. SLICED. BISCUITS SHALL CONSIST OF FLOUR, SHORT- ENING, BUTTERMILK, BAKING POWDER, SUGAR, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 5.000 FEB 09 5.000 MAR 09 5.000	15	CASE	_____	_____
00008	COMMODITY NO: 5142-359-0137 SURVEY LINE NO: 00002 BISCUITS, BUTTERMILK, 120 PER CASE, 2 OZ. EACH BISCUIT, FULLY BAKED, FROZEN. SLICED. BISCUITS SHALL CONSIST OF FLOUR, SHORT- ENING, BUTTERMILK, BAKING POWDER, SUGAR, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD	4	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 24
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00009	CENTRALIA, IL 62801-5836 JAN 09 2.000 FEB 09 2.000 COMMODITY NO: 5142-359-0137 SURVEY LINE NO: 00002 BISCUITS, BUTTERMILK, 120 PER CASE, 2 OZ. EACH BISCUIT, FULLY BAKED, FROZEN. SLICED. BISCUITS SHALL CONSIST OF FLOUR, SHORT- ENING, BUTTERMILK, BAKING POWDER, SUGAR, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 24.000 FEB 09 24.000	48	CASE	_____	_____
00010	COMMODITY NO: 5142-359-0137 SURVEY LINE NO: 00002 BISCUITS, BUTTERMILK, 120 PER CASE, 2 OZ. EACH BISCUIT, FULLY BAKED, FROZEN. SLICED. BISCUITS SHALL CONSIST OF FLOUR, SHORT- ENING, BUTTERMILK, BAKING POWDER, SUGAR, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH	75	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00011	CHESTER, IL 62233 JAN 09 25.000 FEB 09 25.000 MAR 09 25.000	25	CASE	_____	_____
	COMMODITY NO: 5142-359-0137 SURVEY LINE NO: 00002 BISCUITS, BUTTERMILK, 120 PER CASE, 2 OZ. EACH BISCUIT, FULLY BAKED, FROZEN. SLICED. BISCUITS SHALL CONSIST OF FLOUR, SHORT- ENING, BUTTERMILK, BAKING POWDER, SUGAR, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 25.000				
00012	COMMODITY NO: 5142-359-0137 SURVEY LINE NO: 00002 BISCUITS, BUTTERMILK, 120 PER CASE, 2 OZ. EACH BISCUIT, FULLY BAKED, FROZEN. SLICED. BISCUITS SHALL CONSIST OF FLOUR, SHORT- ENING, BUTTERMILK, BAKING POWDER, SUGAR, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD	24	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 26
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00013	SPRINGFIELD, IL 62703 JAN 09 24.000 COMMODITY NO: 5142-359-0137 SURVEY LINE NO: 00002 BISCUITS, BUTTERMILK, 120 PER CASE, 2 OZ. EACH BISCUIT, FULLY BAKED, FROZEN. SLICED. BISCUITS SHALL CONSIST OF FLOUR, SHORT- ENING, BUTTERMILK, BAKING POWDER, SUGAR, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 20.000 FEB 09 20.000 MAR 09 15.000	55	CASE	_____	_____
00014	COMMODITY NO: 5142-359-0137 SURVEY LINE NO: 00002 BISCUITS, BUTTERMILK, 120 PER CASE, 2 OZ. EACH BISCUIT, FULLY BAKED, FROZEN. SLICED. BISCUITS SHALL CONSIST OF FLOUR, SHORT- ENING, BUTTERMILK, BAKING POWDER, SUGAR, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET	2	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 27
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00015	DWIGHT, IL 60420 JAN 09 1.000 MAR 09 1.000 COMMODITY NO: 5142-359-0020 SURVEY LINE NO: 00003 TOAST, FRENCH, 4 X .125 IN. SQUARE EA., 1.5 OZ. FULLY BAKED, FROZEN, 144/CASE. THE PRODUCT SHALL BE DOUBLE DIPPED TO INSURE ADEQUATE COATING. FRENCH TOAST SHALL CONSIST OF BREAD, MILK, EGGS, SUGAR, VEGETABLE OIL, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 10.000	10	CASE	_____	_____
	COMMODITY NO: 5142-359-0020 SURVEY LINE NO: 00003 TOAST, FRENCH, 4 X .125 IN. SQUARE EA., 1.5 OZ. FULLY BAKED, FROZEN, 144/CASE. THE PRODUCT SHALL BE DOUBLE DIPPED TO INSURE ADEQUATE COATING. FRENCH TOAST SHALL CONSIST OF BREAD, MILK, EGGS, SUGAR, VEGETABLE OIL, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY	6	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 28
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00017	658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000	42	CASE		
	COMMODITY NO: 5142-359-0020 SURVEY LINE NO: 00003 TOAST, FRENCH, 4 X .125 IN. SQUARE EA., 1.5 OZ. FULLY BAKED, FROZEN, 144/CASE. THE PRODUCT SHALL BE DOUBLE DIPPED TO INSURE ADEQUATE COATING. FRENCH TOAST SHALL CONSIST OF BREAD, MILK, EGGS, SUGAR, VEGETABLE OIL, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 14.000 FEB 09 14.000 MAR 09 14.000				
00018	COMMODITY NO: 5142-359-0020 SURVEY LINE NO: 00003 TOAST, FRENCH, 4 X .125 IN. SQUARE EA., 1.5 OZ. FULLY BAKED, FROZEN, 144/CASE. THE PRODUCT SHALL BE DOUBLE DIPPED TO INSURE ADEQUATE COATING. FRENCH TOAST SHALL CONSIST OF BREAD, MILK, EGGS, SUGAR, VEGETABLE OIL, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44458-WJ1	15	CASE		

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INVITATION FOR BID		VENDOR:			PAGE: 29
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00019	DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD CENTRALIA, IL 62801-5836 JAN 09 5.000 FEB 09 5.000 MAR 09 5.000	40	CASE		
	COMMODITY NO: 5142-359-0020 SURVEY LINE NO: 00003 TOAST, FRENCH, 4 X .125 IN. SQUARE EA., 1.5 OZ. FULLY BAKED, FROZEN, 144/CASE. THE PRODUCT SHALL BE DOUBLE DIPPED TO INSURE ADEQUATE COATING. FRENCH TOAST SHALL CONSIST OF BREAD, MILK, EGGS, SUGAR, VEGETABLE OIL, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 40.000				
00020	COMMODITY NO: 5142-359-0020 SURVEY LINE NO: 00003 TOAST, FRENCH, 4 X .125 IN. SQUARE EA., 1.5 OZ. FULLY BAKED, FROZEN, 144/CASE. THE PRODUCT SHALL BE DOUBLE DIPPED TO INSURE ADEQUATE COATING. FRENCH TOAST SHALL CONSIST OF BREAD, MILK, EGGS, SUGAR, VEGETABLE OIL, SALT OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____	95	CASE		

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INVITATION FOR BID		VENDOR:			PAGE: 30
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00021	DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 35.000 FEB 09 30.000 MAR 09 30.000	100	CASE		
	COMMODITY NO: 5142-359-0024 SURVEY LINE NO: 00004 TOAST, FRENCH, STICKS, FROZEN, .9 OZ, 175/CASE PLAIN, WHITE BREAD DIPPED IN EGG BATTER, THEN GRIDDLE BROWNED. 10 LBS. PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 100.000				
00022	COMMODITY NO: 5142-359-0024 SURVEY LINE NO: 00004 TOAST, FRENCH, STICKS, FROZEN, .9 OZ, 175/CASE PLAIN, WHITE BREAD DIPPED IN EGG BATTER, THEN GRIDDLE BROWNED. 10 LBS. PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021	8	CASE		

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INVITATION FOR BID		VENDOR:			PAGE: 31
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00023	JAN 09 8.000 COMMODITY NO: 5142-359-0024 SURVEY LINE NO: 00004 TOAST, FRENCH, STICKS, FROZEN, .9 OZ, 175/CASE PLAIN, WHITE BREAD DIPPED IN EGG BATTER, THEN GRIDDLE BROWNED. 10 LBS. PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 10.000	10	CASE	_____	_____
00024	COMMODITY NO: 5142-359-0024 SURVEY LINE NO: 00004 TOAST, FRENCH, STICKS, FROZEN, .9 OZ, 175/CASE PLAIN, WHITE BREAD DIPPED IN EGG BATTER, THEN GRIDDLE BROWNED. 10 LBS. PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 36.000	36	CASE	_____	_____
00025	COMMODITY NO: 5142-359-0024 SURVEY LINE NO: 00004	6	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 32
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00026	TOAST, FRENCH, STICKS, FROZEN, .9 OZ, 175/CASE PLAIN, WHITE BREAD DIPPED IN EGG BATTER, THEN GRIDDLE BROWNED. 10 LBS. PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000	150	CASE	_____	_____
	COMMODITY NO: 5142-359-0024 SURVEY LINE NO: 00004 TOAST, FRENCH, STICKS, FROZEN, .9 OZ, 175/CASE PLAIN, WHITE BREAD DIPPED IN EGG BATTER, THEN GRIDDLE BROWNED. 10 LBS. PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 75.000 FEB 09 75.000			_____	_____
00027	COMMODITY NO: 5142-359-0024 SURVEY LINE NO: 00004 TOAST, FRENCH, STICKS, FROZEN, .9 OZ, 175/CASE PLAIN, WHITE BREAD DIPPED IN EGG BATTER, THEN GRIDDLE BROWNED. 10 LBS. PER CASE. MFR./BRAND _____ SERVING SIZE _____	1	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00028	CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 MAR 09 1.000	15	CASE	_____	_____
	COMMODITY NO: 5142-359-0033 SURVEY LINE NO: 00005 WAFFLE, BELGIAN, PRE-BAKED, FROZEN, 3 1/2" X 3" X 1 1/2", WEIGHT/EA.: 1.5 OZ PACKED 48/2 PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 15.000			_____	_____
00029	COMMODITY NO: 5142-359-0033 SURVEY LINE NO: 00005 WAFFLE, BELGIAN, PRE-BAKED, FROZEN, 3 1/2" X 3" X 1 1/2", WEIGHT/EA.: 1.5 OZ PACKED 48/2 PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE	5	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 34
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00030	CHICAGO, IL 60634 FEB 09 5.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH. COMMODITY NO: 5142-359-0033 SURVEY LINE NO: 00005 WAFFLE, BELGIAN, PRE-BAKED, FROZEN, 3 1/2" X 3" X 1 1/2", WEIGHT/EA.: 1.5 OZ PACKED 48/2 PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000	6	CASE	_____	_____
00031	COMMODITY NO: 5142-359-0033 SURVEY LINE NO: 00005 WAFFLE, BELGIAN, PRE-BAKED, FROZEN, 3 1/2" X 3" X 1 1/2", WEIGHT/EA.: 1.5 OZ PACKED 48/2 PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 8.000 FEB 09 8.000 MAR 09 8.000	24	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 35
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00032	COMMODITY NO: 5142-359-0033 SURVEY LINE NO: 00005 WAFFLE, BELGIAN, PRE-BAKED, FROZEN, 3 1/2" X 3" X 1 1/2", WEIGHT/EA.: 1.5 OZ PACKED 48/2 PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 48.000 FEB 09 48.000	96	CASE	_____	_____
00033	COMMODITY NO: 5142-359-0027 SURVEY LINE NO: 00006 WAFFLE, BELGIAN, STICKS, BAKED, FROZEN, READY TO HEAT AND SERVE. 1 OZ. EACH, 144 COUNT PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 FEB 09 50.000	50	CASE	_____	_____
00034	COMMODITY NO: 5142-359-0027 SURVEY LINE NO: 00006 WAFFLE, BELGIAN, STICKS, BAKED, FROZEN, READY TO HEAT AND SERVE. 1 OZ. EACH, 144 COUNT PER CASE. MFR./BRAND _____	10	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00035	SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 10.000	10	CASE	_____	_____
	COMMODITY NO: 5142-359-0027 SURVEY LINE NO: 00006 WAFFLE, BELGIAN, STICKS, BAKED, FROZEN, READY TO HEAT AND SERVE. 1 OZ. EACH, 144 COUNT PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 10.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARMENT IN ADVANCE ITEMS NOT DELIVERED IN THE MONTH SCHEDULED WILL NOT BE ACCEPTED THE FOLLOWING MONTH.				
00036	COMMODITY NO: 5142-359-0027 SURVEY LINE NO: 00006 WAFFLE, BELGIAN, STICKS, BAKED, FROZEN, READY TO HEAT AND SERVE. 1 OZ. EACH, 144 COUNT PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____	30	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 37
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00037	DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 30.000	6	CASE	_____	_____
	COMMODITY NO: 5142-359-0027 SURVEY LINE NO: 00006 WAFFLE, BELGIAN, STICKS, BAKED, FROZEN, READY TO HEAT AND SERVE. 1 OZ. EACH, 144 COUNT PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000				
00038	COMMODITY NO: 5142-359-0750 SURVEY LINE NO: 00007 PANCAKES, POTATO, 144/2 OZ. IND.PORTIONS PER CASE, FROZEN, SHALL CONSIST OF POTATOES, EGGS, ONIONS AND SEASONINGS OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002	10	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 38
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00039	JAN 09 10.000 COMMODITY NO: 5142-359-0750 SURVEY LINE NO: 00007 PANCAKES, POTATO, 144/2 OZ. IND.PORTIONS PER CASE, FROZEN, SHALL CONSIST OF POTATOES, EGGS, ONIONS AND SEASONINGS OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 6.000 MAR 09 6.000	12	CASE	_____	_____
00040	COMMODITY NO: 5142-359-0750 SURVEY LINE NO: 00007 PANCAKES, POTATO, 144/2 OZ. IND.PORTIONS PER CASE, FROZEN, SHALL CONSIST OF POTATOES, EGGS, ONIONS AND SEASONINGS OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 10.000 MAR 09 10.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED	20	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 39
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00041	THE FOLLOWING MONTH. COMMODITY NO: 5142-359-0750 SURVEY LINE NO: 00007 PANCAKES, POTATO, 144/2 OZ. IND.PORTIONS PER CASE, FROZEN, SHALL CONSIST OF POTATOES, EGGS, ONIONS AND SEASONINGS OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 6.000	6	CASE	_____	_____
00042	COMMODITY NO: 5142-359-0750 SURVEY LINE NO: 00007 PANCAKES, POTATO, 144/2 OZ. IND.PORTIONS PER CASE, FROZEN, SHALL CONSIST OF POTATOES, EGGS, ONIONS AND SEASONINGS OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000	6	CASE	_____	_____
00043	COMMODITY NO: 5142-359-0750 SURVEY LINE NO: 00007	10	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 40
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00044	PANCAKES, POTATO, 144/2 OZ. IND.PORTIONS PER CASE, FROZEN, SHALL CONSIST OF POTATOES, EGGS, ONIONS AND SEASONINGS OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 5.000 MAR 09 5.000	15	CASE	_____	_____
	COMMODITY NO: 5142-359-0750 SURVEY LINE NO: 00007 PANCAKES, POTATO, 144/2 OZ. IND.PORTIONS PER CASE, FROZEN, SHALL CONSIST OF POTATOES, EGGS, ONIONS AND SEASONINGS OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 15.000			_____	_____
00045	COMMODITY NO: 5142-359-0750 SURVEY LINE NO: 00007 PANCAKES, POTATO, 144/2 OZ. IND.PORTIONS PER CASE, FROZEN, SHALL CONSIST OF POTATOES, EGGS, ONIONS AND SEASONINGS OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT.	6	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 41
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00046	MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 6.000	30	CASE	_____	_____
	COMMODITY NO: 5142-359-0750 SURVEY LINE NO: 00007 PANCAKES, POTATO, 144/2 OZ. IND.PORTIONS PER CASE, FROZEN, SHALL CONSIST OF POTATOES, EGGS, ONIONS AND SEASONINGS OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 10.000 FEB 09 10.000 MAR 09 10.000			_____	_____
00047	COMMODITY NO: 5142-359-1736 SURVEY LINE NO: 00008 CAKE, POUND, FROZEN, INDIVIDUALLY WRAPPED SLICES, 24/1.75 OZ. SLICES PER CASE. RICH, DENSE CAKE. CLOVERHILL BAKERY OR APPROVED EQUAL MFR./BRAND_____ SIZE OF SLICE_____ CASE COUNT_____	48	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 48.000				
00048	COMMODITY NO: 5142-359-1039 SURVEY LINE NO: 00009 CAKE, CHEESE, FROZEN, FRENCH STYLE. TRAY PACK. 4 - 8" X 15" TRAYS PER CASE. SARA LEE OR APPROVED EQUAL. MFR./BRAND _____ CASE COUNT _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 40.000	40	CASE	_____	_____
00049	COMMODITY NO: 5142-359-1039 SURVEY LINE NO: 00009 CAKE, CHEESE, FROZEN, FRENCH STYLE. TRAY PACK. 4 - 8" X 15" TRAYS PER CASE. SARA LEE OR APPROVED EQUAL. MFR./BRAND _____ CASE COUNT _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 10.000 FEB 09 9.000	19	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 43
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00050	COMMODITY NO: 5142-359-1039 SURVEY LINE NO: 00009 CAKE, CHEESE, FROZEN, FRENCH STYLE. TRAY PACK. 4 - 8" X 15" TRAYS PER CASE. SARA LEE OR APPROVED EQUAL. MFR./BRAND _____ CASE COUNT _____ DELIVERY: 49723-00 DEPT OF VETERANS' AFFAIRS ILL. VETERANS' HOME AT LASALLE ATTN: 1015 O'CONOR AVENUE LASALLE, IL 61301 MAR 09 1.000	1	CASE	_____	_____
00051	COMMODITY NO: 5142-359-0051 SURVEY LINE NO: 00010 CAKE, COFFEE, FROZEN, IND. WRAPPED, 3.50 OZ. EACH. 12/CS. FLAVOR SELECTION AS LISTED BELOW. AGENCY TO CHOOSE EITHER BUTTER STREUSEL OR CINNAMON CRUMB. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 10.000 CINNAMON CRUMB	10	CASE	_____	_____
00052	COMMODITY NO: 5142-359-0051 SURVEY LINE NO: 00010 CAKE, COFFEE, FROZEN, IND. WRAPPED, 3.50 OZ. EACH. 12/CS. FLAVOR SELECTION AS LISTED BELOW. AGENCY TO CHOOSE EITHER BUTTER STREUSEL OR CINNAMON CRUMB. MFR./BRAND _____	15	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 44
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00053	SERVING SIZE _____ CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 5.000 FEB 09 5.000 MAR 09 5.000 BUTTER STREUSEL	84	EACH	_____	_____
	COMMODITY NO: 5142-359-7785 SURVEY LINE NO: 00011 CAKES, ANGEL FOOD, BAKED, UNICED, 11 OZ. MFR./BRAND _____ SIZE _____ CASE COUNT _____ DELIVERY: 44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 84.000			_____	_____
00054	COMMODITY NO: 5142-359-7785 SURVEY LINE NO: 00011 CAKES, ANGEL FOOD, BAKED, UNICED, 11 OZ. MFR./BRAND _____ SIZE _____ CASE COUNT _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 150.000	150	EACH	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 45
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00055	COMMODITY NO: 5142-359-7785 SURVEY LINE NO: 00011 CAKES, ANGEL FOOD, BAKED, UNICED, 11 OZ. MFR./BRAND _____ SIZE _____ CASE COUNT _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 244.000 FEB 09 100.000 MAR 09 100.000	444	EACH	_____	_____
00056	COMMODITY NO: 5142-359-7785 SURVEY LINE NO: 00011 CAKES, ANGEL FOOD, BAKED, UNICED, 11 OZ. MFR./BRAND _____ SIZE _____ CASE COUNT _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 MAR 09 4.000	4	EACH	_____	_____
00057	COMMODITY NO: 5142-359-7785 SURVEY LINE NO: 00011 CAKES, ANGEL FOOD, BAKED, UNICED, 11 OZ. MFR./BRAND _____ SIZE _____ CASE COUNT _____ DELIVERY: 49723-00 DEPT OF VETERANS' AFFAIRS ILL. VETERANS' HOME AT LASALLE	36	EACH	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 46
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00058	ATTN: 1015 O'CONOR AVENUE LASALLE, IL 61301 JAN 09 12.000 FEB 09 12.000 MAR 09 12.000	4	CASE	_____	_____
	COMMODITY NO: 5142-359-1027 SURVEY LINE NO: 00012 DOUGH, COOKIE, CHOCOLATE CHIP, FROZEN, PROOF AND BAKE, PORTIONED, APPROX. 1 OZ. PER COOKIE, IQF, LAYER PACKED. 320 PER CASE. READI-BAKE OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 4.000				
00059	COMMODITY NO: 5142-359-1027 SURVEY LINE NO: 00012 DOUGH, COOKIE, CHOCOLATE CHIP, FROZEN, PROOF AND BAKE, PORTIONED, APPROX. 1 OZ. PER COOKIE, IQF, LAYER PACKED. 320 PER CASE. READI-BAKE OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634	2	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00060	JAN 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH. COMMODITY NO: 5142-359-1027 SURVEY LINE NO: 00012 DOUGH, COOKIE, CHOCOLATE CHIP, FROZEN, PROOF AND BAKE, PORTIONED, APPROX. 1 OZ. PER COOKIE, IQF, LAYER PACKED. 320 PER CASE. READI-BAKE OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD CENTRALIA, IL 62801-5836	2	CASE	_____	_____
	JAN 09 2.000 COMMODITY NO: 5142-359-1027 SURVEY LINE NO: 00012 DOUGH, COOKIE, CHOCOLATE CHIP, FROZEN, PROOF AND BAKE, PORTIONED, APPROX. 1 OZ. PER COOKIE, IQF, LAYER PACKED. 320 PER CASE. READI-BAKE OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692	18	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 48
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00062	JAN 09 18.000 COMMODITY NO: 5142-359-1027 SURVEY LINE NO: 00012 DOUGH, COOKIE, CHOCOLATE CHIP, FROZEN, PROOF AND BAKE, PORTIONED, APPROX. 1 OZ. PER COOKIE, IQF, LAYER PACKED. 320 PER CASE. READI-BAKE OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301	5	CASE	_____	_____
	JAN 09 5.000 COMMODITY NO: 5142-359-1026 SURVEY LINE NO: 00013 DOUGH, COOKIE, PEANUT BUTTER, FROZEN, PROOF AND BAKE, PORTIONED, APPROX. 1 OZ. PER COOKIE, IQF, LAYER PACKED. 320 PER CASE. READI-BAKE OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002	4	CASE	_____	_____
	JAN 09 4.000				

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00064	COMMODITY NO: 5142-359-1026 SURVEY LINE NO: 00013 DOUGH, COOKIE, PEANUT BUTTER, FROZEN, PROOF AND BAKE, PORTIONED, APPROX. 1 OZ. PER COOKIE, IQF, LAYER PACKED. 320 PER CASE. READI-BAKE OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	2	CASE	_____	_____
00065	COMMODITY NO: 5142-359-1026 SURVEY LINE NO: 00013 DOUGH, COOKIE, PEANUT BUTTER, FROZEN, PROOF AND BAKE, PORTIONED, APPROX. 1 OZ. PER COOKIE, IQF, LAYER PACKED. 320 PER CASE. READI-BAKE OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 5.000	5	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 50
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00066	COMMODITY NO: 5142-359-1028 SURVEY LINE NO: 00014 DOUGH, COOKIE, OATMEAL/RAISIN, FROZEN, PROOF AND BAKE, PORTIONED, APPROX. 1 OZ. PER COOKIE, IQF, LAYER PACKED. 320 PER CASE. READI-BAKE OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 4.000	4	CASE	_____	_____
00067	COMMODITY NO: 5142-359-1028 SURVEY LINE NO: 00014 DOUGH, COOKIE, OATMEAL/RAISIN, FROZEN, PROOF AND BAKE, PORTIONED, APPROX. 1 OZ. PER COOKIE, IQF, LAYER PACKED. 320 PER CASE. READI-BAKE OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 MAR 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	2	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 51
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00068	COMMODITY NO: 5142-359-1028 SURVEY LINE NO: 00014 DOUGH, COOKIE, OATMEAL/RAISIN, FROZEN, PROOF AND BAKE, PORTIONED, APPROX. 1 OZ. PER COOKIE, IQF, LAYER PACKED. 320 PER CASE. READI-BAKE OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 5.000	5	CASE	_____	_____
00069	COMMODITY NO: 5142-359-1050 SURVEY LINE NO: 00015 TURNOVER, APPLE, 72-144/CS. FROZEN, 3 OUNCES. PUFF PASTRY FILLED WITH APPLE FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 4.000 BAKED	4	CASE	_____	_____
00070	COMMODITY NO: 5142-359-1050 SURVEY LINE NO: 00015 TURNOVER, APPLE, 72-144/CS. FROZEN, 3 OUNCES. PUFF PASTRY FILLED WITH APPLE	2	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 52
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00071	FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 2.000 BAKED, 144/CASE; ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED TH FOLLOWING MONTH.	6	CASE	_____	_____
	COMMODITY NO: 5142-359-1050 SURVEY LINE NO: 00015 TURNOVER, APPLE, 72-144/CS. FROZEN, 3 OUNCES. PUFF PASTRY FILLED WITH APPLE FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 6.000				
00072	COMMODITY NO: 5142-359-1050 SURVEY LINE NO: 00015 TURNOVER, APPLE, 72-144/CS. FROZEN, 3 OUNCES. PUFF PASTRY FILLED WITH APPLE FILLING. MFR./BRAND _____	3	CASE	_____	_____

PRICE SHEET		SOLICITATION NO.: 223459 OPEN DATE : 11/03/08 T-NUMBER :			
INVITATION FOR BID		VENDOR:			PAGE: 53
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00073	SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 1.000 FEB 09 1.000 MAR 09 1.000 UNBAKED-72 PER CASE	100	CASE	_____	_____
	COMMODITY NO: 5142-359-1050 SURVEY LINE NO: 00015 TURNOVER, APPLE, 72-144/CS. FROZEN, 3 OUNCES. PUFF PASTRY FILLED WITH APPLE FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 JAN 09 50.000 FEB 09 25.000 MAR 09 25.000 AGENCY REQUESTS 72 BAKED TURNOVERS PER CASE.			_____	_____
00074	COMMODITY NO: 5142-359-1052 SURVEY LINE NO: 00016 TURNOVER, CHERRY, 60/CS. FROZEN. 3 OUNCES. PUFF PASTRY FILLED WITH CHERRY FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____	2	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 54
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00075	PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 2.000 BAKED; ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	3	CASE	_____	_____
	COMMODITY NO: 5142-359-1052 SURVEY LINE NO: 00016 TURNOVER, CHERRY, 60/CS. FROZEN. 3 OUNCES. PUFF PASTRY FILLED WITH CHERRY FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 1.000 FEB 09 1.000 MAR 09 1.000			_____	_____
00076	COMMODITY NO: 5142-359-1052 SURVEY LINE NO: 00016 TURNOVER, CHERRY, 60/CS. FROZEN. 3 OUNCES. PUFF PASTRY FILLED WITH CHERRY FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY:	10	CASE	_____	_____

PRICE SHEET		SOLICITATION NO.: 223459 OPEN DATE : 11/03/08 T-NUMBER :			
INVITATION FOR BID		VENDOR:			PAGE: 55
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00077	44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 MAR 09 10.000	2	CASE	_____	_____
	COMMODITY NO: 5142-359-1056 SURVEY LINE NO: 00017 TURNOVER, PEACH, 60/CS. FROZEN. 3 OUNCES. PUFF PASTRY FILLED WITH PEACH FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 MAR 09 2.000 BAKED; ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.				
00078	COMMODITY NO: 5142-359-1056 SURVEY LINE NO: 00017 TURNOVER, PEACH, 60/CS. FROZEN. 3 OUNCES. PUFF PASTRY FILLED WITH PEACH FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER	12	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 56
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00079	750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 12.000	10	CASE	_____	_____
	COMMODITY NO: 5142-359-1056 SURVEY LINE NO: 00017 TURNOVER, PEACH, 60/CS. FROZEN. 3 OUNCES. PUFF PASTRY FILLED WITH PEACH FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 MAR 09 10.000			_____	_____
00080	COMMODITY NO: 5142-359-1060 SURVEY LINE NO: 00018 TURNOVER, LEMON, 60/CS. FROZEN 3 OUNCES. PUFF PASTRY FILLED WITH LEMON FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	2	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 57
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00081	COMMODITY NO: 5142-359-1060 SURVEY LINE NO: 00018 TURNOVER, LEMON, 60/CS. FROZEN 3 OUNCES. PUFF PASTRY FILLED WITH LEMON FILLING. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 12.000	12	CASE	_____	_____
00082	COMMODITY NO: 5142-359-0118 SURVEY LINE NO: 00019 PIE, BLUEBERRY, FROZEN, 10", PRE-BAKED, 6/CASE. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 12.000	12	CASE	_____	_____
00083	COMMODITY NO: 5142-359-0118 SURVEY LINE NO: 00019 PIE, BLUEBERRY, FROZEN, 10", PRE-BAKED, 6/CASE. BRAND NAME _____ SIZE _____ CASE COUNT _____	1	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 58
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00084	DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 MAR 09 1.000	2	CASE	_____	_____
	COMMODITY NO: 5142-359-0122 SURVEY LINE NO: 00020 PIE, CHOCOLATE CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.				
00085	COMMODITY NO: 5142-359-0122 SURVEY LINE NO: 00020 PIE, CHOCOLATE CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD CENTRALIA, IL 62801-5836 FEB 09 2.000	2	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 59
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00086	COMMODITY NO: 5142-359-0122 SURVEY LINE NO: 00020 PIE, CHOCOLATE CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 15.000	15	CASE	_____	_____
00087	COMMODITY NO: 5142-359-0122 SURVEY LINE NO: 00020 PIE, CHOCOLATE CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 15.000	15	CASE	_____	_____
00088	COMMODITY NO: 5142-359-0122 SURVEY LINE NO: 00020 PIE, CHOCOLATE CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____	6	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 60
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00089	DELIVERY: 49723-00 DEPT OF VETERANS' AFFAIRS ILL. VETERANS' HOME AT LASALLE ATTN: 1015 O'CONOR AVENUE LASALLE, IL 61301 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000	40	CASE	_____	_____
	COMMODITY NO: 5142-359-0134 SURVEY LINE NO: 00021 PIE, BOSTON CREAM, FROZEN, 10" READY-TO-SERVE, 6/CASE BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 40.000			_____	_____
00090	COMMODITY NO: 5142-359-0134 SURVEY LINE NO: 00021 PIE, BOSTON CREAM, FROZEN, 10" READY-TO-SERVE, 6/CASE BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 MAR 09 4.000	4	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 61
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00091	COMMODITY NO: 5142-359-0126 SURVEY LINE NO: 00022 PIE, COCONUT CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	2	CASE	_____	_____
00092	COMMODITY NO: 5142-359-0126 SURVEY LINE NO: 00022 PIE, COCONUT CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD CENTRALIA, IL 62801-5836 FEB 09 2.000	2	CASE	_____	_____
00093	COMMODITY NO: 5142-359-0126 SURVEY LINE NO: 00022 PIE, COCONUT CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____	15	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 62
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00094	CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 5.000 FEB 09 5.000 MAR 09 5.000	2	CASE	_____	_____
	COMMODITY NO: 5142-359-0124 SURVEY LINE NO: 00023 PIE, LEMON CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.				
00095	COMMODITY NO: 5142-359-0124 SURVEY LINE NO: 00023 PIE, LEMON CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR	2	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 63
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00096	1535 W MCCORD CENTRALIA, IL 62801-5836 FEB 09 2.000	10	CASE	_____	_____
	COMMODITY NO: 5142-359-0124 SURVEY LINE NO: 00023 PIE, LEMON CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 10.000				
00097	COMMODITY NO: 5142-359-0124 SURVEY LINE NO: 00023 PIE, LEMON CREAM, FROZEN, 10 IN., READY-TO-SERVE. 6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 5.000 FEB 09 5.000 MAR 09 5.000	15	CASE	_____	_____
00098	COMMODITY NO: 5142-359-0124 SURVEY LINE NO: 00023 PIE, LEMON CREAM, FROZEN, 10 IN., READY-TO-SERVE.	6	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 64
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	6/CS. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 49723-00 DEPT OF VETERANS' AFFAIRS ILL. VETERANS' HOME AT LASALLE ATTN: 1015 O'CONOR AVENUE LASALLE, IL 61301 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000				
00099	COMMODITY NO: 5142-359-7060 SURVEY LINE NO: 00024 PIE, STRAWBERRY BAVARIAN, PREBAKED, 10" READY-TO-SERVE, FROZEN, 6/CASE BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 10.000	10	CASE	_____	_____
00100	COMMODITY NO: 5142-359-0109 SURVEY LINE NO: 00025 PIE, STRAWBERRY RHUBARB, FROZEN, UNBAKED 10", 6 PIES PER CASE. BRAND _____ SIZE _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST	10	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 65
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00101	QUINCY, IL 62301 JAN 09 5.000 FEB 09 5.000 COMMODITY NO: 5142-359-1070 SURVEY LINE NO: 00026 PIE, APPLE, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ., 6/CASE. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 2.000	2	CASE	_____	_____
	COMMODITY NO: 5142-359-1070 SURVEY LINE NO: 00026 PIE, APPLE, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ., 6/CASE. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 2.000 MAR 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	4	CASE	_____	_____
00103	COMMODITY NO: 5142-359-1070	10	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 66
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00104	SURVEY LINE NO: 00026 PIE, APPLE, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ., 6/CASE. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 10.000	18	CASE	_____	_____
	COMMODITY NO: 5142-359-1070 SURVEY LINE NO: 00026 PIE, APPLE, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ., 6/CASE. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 9.000 MAR 09 9.000			_____	_____
00105	COMMODITY NO: 5142-359-1072 SURVEY LINE NO: 00027 PIE, CHERRY, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ. BRAND NAME _____ SIZE _____ CASE COUNT _____	2	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 67
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00106	DELIVERY: 44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 2.000	10	CASE	_____	_____
	COMMODITY NO: 5142-359-1072 SURVEY LINE NO: 00027 PIE, CHERRY, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 10.000				
00107	COMMODITY NO: 5142-359-1072 SURVEY LINE NO: 00027 PIE, CHERRY, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 7.000	7	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 68
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00108	COMMODITY NO: 5142-359-1072 SURVEY LINE NO: 00027 PIE, CHERRY, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 5.000 FEB 09 5.000 MAR 09 5.000	15	CASE	_____	_____
00109	COMMODITY NO: 5142-359-1074 SURVEY LINE NO: 00028 PIE, PEACH, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 2.000	2	CASE	_____	_____
00110	COMMODITY NO: 5142-359-1074 SURVEY LINE NO: 00028 PIE, PEACH, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ. BRAND NAME _____ SIZE _____	10	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 69
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00111	CASE COUNT _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 10.000	8	CASE	_____	_____
	COMMODITY NO: 5142-359-1074 SURVEY LINE NO: 00028 PIE, PEACH, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 8.000			_____	_____
00112	COMMODITY NO: 5142-359-1074 SURVEY LINE NO: 00028 PIE, PEACH, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 15.000	15	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 70
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00113	COMMODITY NO: 5142-359-1076 SURVEY LINE NO: 00029 PIE, BLUEBERRY, FROZEN, READY-TO-BAKE, 10". TWO CRUST PIE MADE WITH PLAIN PASTRY, REGULAR TOP CRUST OR LATTICE STYLE. WEIGHT TO BE 46 OZ. BRAND NAME _____ SIZE _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 5.000 FEB 09 5.000	10	CASE	_____	_____
00114	COMMODITY NO: 5142-359-0132 SURVEY LINE NO: 00030 SHELL, PIE, 10", FROZEN, 20 PER CS, UNBAKED FROSTY ACRES OR APPROVED EQUAL BRAND NAME _____ DIAMETER _____ NO. PER CASE _____ COST PER SHELL _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 10.000	10	CASE	_____	_____
00115	COMMODITY NO: 5142-359-0132 SURVEY LINE NO: 00030 SHELL, PIE, 10", FROZEN, 20 PER CS, UNBAKED	2	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00116	FROSTY ACRES OR APPROVED EQUAL BRAND NAME_____ DIAMETER_____ NO. PER CASE_____ COST PER SHELL_____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 MAR 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	6	CASE	_____	_____
	COMMODITY NO: 5142-359-0132 SURVEY LINE NO: 00030 SHELL, PIE, 10", FROZEN, 20 PER CS, UNBAKED FROSTY ACRES OR APPROVED EQUAL BRAND NAME_____ DIAMETER_____ NO. PER CASE_____ COST PER SHELL_____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 6.000			_____	_____
00117	COMMODITY NO: 5142-359-0133 SURVEY LINE NO: 00031 PUFF PASTRY SHEETS, FROZEN, READY-BAKE, 10 X 15 OR 12 X 18 INCHES, 20/CASE. MFR./BRAND_____ SERVING SIZE_____	10	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00118	CASE COUNT _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 10.000	7	CASE	_____	_____
	COMMODITY NO: 5142-359-1020 SURVEY LINE NO: 00032 BROWNIES, ICED, 1.75", 2 OZ EA 160 IND. BROWNIES PER CASE, FULLY COOKED, FROZEN BROWNIES SHALL CONSIST OF SUGAR, ENRICHED FLOUR, CHOCOLATE, EGGS, VEGE- TABLE SHORTENING, WALNUTS, BUTTER, WATER, SALT, VANILLA, MILK, LEAVENING, AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 7.000			_____	_____
00119	COMMODITY NO: 5142-359-1020 SURVEY LINE NO: 00032 BROWNIES, ICED, 1.75", 2 OZ EA 160 IND. BROWNIES PER CASE, FULLY COOKED, FROZEN BROWNIES SHALL CONSIST OF SUGAR, ENRICHED FLOUR, CHOCOLATE, EGGS, VEGE- TABLE SHORTENING, WALNUTS, BUTTER, WATER, SALT, VANILLA, MILK, LEAVENING, AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____	3	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 73
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00120	PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 1.000 FEB 09 1.000 MAR 09 1.000	40	CASE	_____	_____
	COMMODITY NO: 5142-359-1020 SURVEY LINE NO: 00032 BROWNIES, ICED, 1.75", 2 OZ EA 160 IND. BROWNIES PER CASE, FULLY COOKED, FROZEN BROWNIES SHALL CONSIST OF SUGAR, ENRICHED FLOUR, CHOCOLATE, EGGS, VEGE- TABLE SHORTENING, WALNUTS, BUTTER, WATER, SALT, VANILLA, MILK, LEAVENING, AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 JAN 09 20.000 FEB 09 20.000				
00121	COMMODITY NO: 5142-359-0015 SURVEY LINE NO: 00033 MUFFINS, BRAN, FROZEN, 2 OZ., 96/CS. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44418-WB1	5	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 74
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00122	DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 5.000	30	CASE	_____	_____
	COMMODITY NO: 5142-359-0015 SURVEY LINE NO: 00033 MUFFINS, BRAN, FROZEN, 2 OZ., 96/CS. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 30.000				
00123	COMMODITY NO: 5142-359-0015 SURVEY LINE NO: 00033 MUFFINS, BRAN, FROZEN, 2 OZ., 96/CS. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 6.000	6	CASE	_____	_____
	COMMODITY NO: 5142-359-0015 SURVEY LINE NO: 00033 MUFFINS, BRAN, FROZEN, 2 OZ., 96/CS.				
00124	COMMODITY NO: 5142-359-0015 SURVEY LINE NO: 00033 MUFFINS, BRAN, FROZEN, 2 OZ., 96/CS.	37	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00125	MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 17.000 FEB 09 10.000 MAR 09 10.000	1	CASE	_____	_____
	COMMODITY NO: 5142-359-9358 SURVEY LINE NO: 00036 EGG PRODUCT, FROZEN, CHOLESTEROL FREE, 12/16 OZ. CARTONS PER CASE. FLEISCHMANN'S EGG BEATERS #00200 OR APPROVED EQUAL. MFR./BRAND _____ CARTON SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 1.000			_____	_____
00126	COMMODITY NO: 5142-359-9358 SURVEY LINE NO: 00036 EGG PRODUCT, FROZEN, CHOLESTEROL FREE, 12/16 OZ. CARTONS PER CASE. FLEISCHMANN'S EGG BEATERS #00200 OR APPROVED EQUAL. MFR./BRAND _____ CARTON SIZE _____ CASE COUNT _____	3	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00127	PRICE/SERVING _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 1.000 FEB 09 1.000 MAR 09 1.000	10	CASE	_____	_____
	COMMODITY NO: 5142-359-9358 SURVEY LINE NO: 00036 EGG PRODUCT, FROZEN, CHOLESTEROL FREE, 12/16 OZ. CARTONS PER CASE. FLEISCHMANN'S EGG BEATERS #00200 OR APPROVED EQUAL. MFR./BRAND _____ CARTON SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 10.000			_____	_____
00128	COMMODITY NO: 5142-359-9358 SURVEY LINE NO: 00036 EGG PRODUCT, FROZEN, CHOLESTEROL FREE, 12/16 OZ. CARTONS PER CASE. FLEISCHMANN'S EGG BEATERS #00200 OR APPROVED EQUAL. MFR./BRAND _____ CARTON SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44488-WQ1	6	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00129	DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000	8	CASE		
	COMMODITY NO: 5142-359-9358 SURVEY LINE NO: 00036 EGG PRODUCT, FROZEN, CHOLESTEROL FREE, 12/16 OZ. CARTONS PER CASE. FLEISCHMANN'S EGG BEATERS #00200 OR APPROVED EQUAL. MFR./BRAND _____ CARTON SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 49723-00 DEPT OF VETERANS' AFFAIRS ILL. VETERANS' HOME AT LASALLE ATTN: 1015 O'CONOR AVENUE LASALLE, IL 61301 FEB 09 4.000 MAR 09 4.000				
00130	COMMODITY NO: 5142-359-9357 SURVEY LINE NO: 00037 EGG PRODUCT, FROZEN, CHOLESTEROL FREE, 12/2 LB. CARTONS PER CASE. NO SUBSTITUTE ON CARTON SIZE. FLEISCHMANN'S EGG BEATERS OR APPROVED EQUAL. MFR./BRAND _____ CARTON SIZE _____ CASE COUNT _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 5.000 FEB 09 5.000	15	CASE		

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00131	MAR 09 5.000 COMMODITY NO: 5142-359-9357 SURVEY LINE NO: 00037 EGG PRODUCT, FROZEN, CHOLESTEROL FREE, 12/2 LB. CARTONS PER CASE. NO SUBSTITUTE ON CARTON SIZE. FLEISCHMANN'S EGG BEATERS OR APPROVED EQUAL. MFR./BRAND _____ CARTON SIZE _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 10.000 MAR 09 10.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	20	CASE	_____	_____
00132	COMMODITY NO: 5142-359-9357 SURVEY LINE NO: 00037 EGG PRODUCT, FROZEN, CHOLESTEROL FREE, 12/2 LB. CARTONS PER CASE. NO SUBSTITUTE ON CARTON SIZE. FLEISCHMANN'S EGG BEATERS OR APPROVED EQUAL. MFR./BRAND _____ CARTON SIZE _____ CASE COUNT _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 38.000 FEB 09 35.000	73	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00133	COMMODITY NO: 5142-359-9357 SURVEY LINE NO: 00037 EGG PRODUCT, FROZEN, CHOLESTEROL FREE, 12/2 LB. CARTONS PER CASE. NO SUBSTITUTE ON CARTON SIZE. FLEISCHMANN'S EGG BEATERS OR APPROVED EQUAL. MFR./BRAND _____ CARTON SIZE _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 50.000	50	CASE	_____	_____
00134	COMMODITY NO: 5142-359-9068 SURVEY LINE NO: 00038 EGG PRODUCT, TROUBLE FREE COOK IN THE BAG, PASTEURIZED AND HOMOGENIZED. INGREDIENT: WHOLE EGGS AND CITRIC ACID, NO SALT. PACKED 6-5 LB./CS. BRAND NAME _____ CASE COUNT _____ NET WEIGHT: _____ DELIVERY: 44444-WG1 DEPT OF HUMAN SERVICES SINGER MENTAL HEALTH CTR 4402 NORTH MAIN STREET ROCKFORD, IL 61103 JAN 09 300.000 FEB 09 300.000 MAR 09 300.000	900	LB	_____	_____
00135	COMMODITY NO: 5142-359-9068 SURVEY LINE NO: 00038 EGG PRODUCT, TROUBLE FREE COOK IN THE BAG, PASTEURIZED AND HOMOGENIZED. INGREDIENT: WHOLE EGGS AND CITRIC ACID, NO SALT. PACKED 6-5 LB./CS.	800	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00136	BRAND NAME _____ CASE COUNT _____ NET WEIGHT: _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 800.000	1350	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42524-00 DEPT OF JUVENILE JUSTICE IYC - HARRISBURG 1201 WEST POPLAR P.O. BOX 300 HARRISBURG, IL 62946 JAN 09 450.000 FEB 09 450.000 MAR 09 450.000			_____	_____
00137	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____	360	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00138	NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42528-00 DEPT OF JUVENILE JUSTICE IYC - JOLIET 2848 W. MCDONOUGH STREET JOLIET, IL 60436 JAN 09 120.000 FEB 09 120.000 MAR 09 120.000	1230	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42539-00 DEPT OF JUVENILE JUSTICE IYC - ST. CHARLES 3825 CAMPTON HILLS ROAD ST. CHARLES, IL 60174 JAN 09 360.000 FEB 09 360.000 MAR 09 510.000 DELIVERY TUESDAY, WEDNESDAY, & THURSDAY BEFORE 15TH OF MONTH. 8:00AM-3:00PM			_____	_____
00139	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____	9000	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00140	CASE COUNT _____ DELIVERY: 42652-15 DEPT OF CORRECTIONS BIG MUDDY RIVER CORR CTR PO BOX 1000 251 NORTH ILLINOIS RTE 37 INA, IL 62846-1000 DELIVERIES ACCEPTED MONDAY THRU THURSDAY FROM 8AM TO 2:30PM DELIVERY VEHICLES MUST DEPART BY 2:45PM FRIDAY DELIVERIES BY APPOINTMENT ONLY NO DELIVERIES ACCEPTED ON STATE HOLIDAYS JAN 09 3,000.000 FEB 09 3,000.000 MAR 09 3,000.000	1387	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42656-00 DEPT OF CORRECTIONS DANVILLE CORRECTIONAL CENTER 3820 EAST MAIN STREET DANVILLE, IL 61834 JAN 09 462.000 FEB 09 463.000 MAR 09 462.000			_____	_____
00141	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA	900	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00142	METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42657-S1 DEPT OF CORRECTIONS DECATUR CORRECTIONAL CENTER 2310 MOUND ROAD DECATUR, IL 62526 JAN 09 300.000 FEB 09 300.000 MAR 09 300.000	11000	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42658-00 DEPT OF CORRECTIONS DIXON CORRECTIONAL CENTER 2600 N. BRINTON AVENUE DIXON, IL 61021 JAN 09 11,000.000			_____	_____
00143	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____	720	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00144	NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42660-KA DEPT OF CORRECTIONS DWIGHT CORRECTIONAL CENTER KANKAKEE MINIMUM SECURITY 37040 S. ILLINOIS RTE 102 MANTENO, IL 60950-9619 "NO DELIVERIES ON FRIDAY AND/OR THE LAST WORKING DAY OF THE MONTH" JAN 09 720.000	480	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42660-00 DEPT OF CORRECTIONS DWIGHT CORRECTIONAL CENTER 23813 E 3200 NORTH ROAD DWIGHT, IL 60420-8144 "NO DELIVERIES ON FRIDAY AND/OR LAST WORKING DAY OF THE MONTH" JAN 09 480.000			_____	_____
00145	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS.	3240	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00146	BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42665-02 DEPT OF CORRECTIONS SOUTHWESTERN ILLINOIS CORR. CNTR. 950 KINGSHIGHWAY STREET CALLER SERV. 50 EAST ST. LOUIS , IL 62203-0050 JAN 09 1,620.000 FEB 09 1,620.000	2400	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42669-00 DEPT OF CORRECTIONS ILLINOIS RIVER CORRECTIONAL CENTER 1300 WEST LOCUST P O BOX 999 CANTON, IL 61520 JAN 09 800.000 FEB 09 800.000 MAR 09 800.000			_____	_____
00147	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____	7500	LB	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 86
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00148	NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42670-26 DEPT OF CORRECTIONS HENRY C HILL CORRECTIONAL CENTER 600 LINWOOD RD P O BOX 13427 GALESBURG, IL 61401 JAN 09 2,500.000 FEB 09 2,500.000 MAR 09 2,500.000	450	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42671-00 DEPT OF CORRECTIONS JACKSONVILLE CORRECTIONAL CENTER 2268 EAST MORTON AVENUE JACKSONVILLE, IL 62650 JAN 09 150.000 FEB 09 150.000 MAR 09 150.000			_____	_____
00149	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____	13230	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00150	CASE COUNT _____ DELIVERY: 42674-S1 DEPT OF CORRECTIONS LAWRENCE CORRECTIONAL CENTER RR 2, BOX 36 SUMNER, IL 62466 JAN 09 4,410.000 FEB 09 4,410.000 MAR 09 4,410.000	3600	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42675-00 DEPT OF CORRECTIONS LINCOLN CORRECTIONAL CENTER 1098 1350TH STREET PO BOX 549 LINCOLN, IL 62656 JAN 09 1,200.000 FEB 09 1,200.000 MAR 09 1,200.000			_____	_____
00151	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____	5400	LB	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 88
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00152	DELIVERY: 42677-00 DEPT OF CORRECTIONS LOGAN CORRECTIONAL CENTER 1096 1350TH STREET BOX 1000 LINCOLN, IL 62656 JAN 09 2,700.000 FEB 09 2,700.000 COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42682-S1 DEPT OF CORRECTIONS PINCKNEYVILLE CORRECTIONAL CENTER 5835 STATE ROUTE 154 EAST PINCKNEYVILLE, IL 62274-3 DELIVERIES ACCEPTED 8 AM TO 2PM MONDAY THRU FRIDAY EXCEPT STATE HOLIDAYS JAN 09 1,930.000 FEB 09 1,930.000 MAR 09 1,930.000	5790	LB	_____	_____
	_____			_____	
00153	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____	12600	LB	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 89
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00154	NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42683-00 DEPT OF CORRECTIONS PONTIAC CORRECTIONAL CENTER 700 WEST LINCOLN PONTIAC, IL 61764 "NO DELIVERIES ON FRIDAY AND/OR THE LAST WORKING DAY OF THE MONTH" JAN 09 4,200.000 FEB 09 4,200.000 MAR 09 4,200.000	6480	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42684-00 DEPT OF CORRECTIONS ROBINSON CORRECTIONAL CENTER RURAL ROUTE #3 PO BOX 1000 ROBINSON, IL 62454 JAN 09 2,160.000 FEB 09 2,160.000 MAR 09 2,160.000			_____	_____
00155	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____	8000	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00156	NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42685-00 DEPT OF CORRECTIONS SHAWNEE CORRECTIONAL CENTER 6665 STATE ROUTE 146 EAST VIENNA, IL 62995 JAN 09 4,000.000 FEB 09 4,000.000	3600	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42688-00 DEPT OF CORRECTIONS SHERIDAN CORRECTIONAL CENTER 4017 E. 2603 RD. P. O. BOX 38 SHERIDAN, IL 60551 JAN 09 1,200.000 FEB 09 1,200.000 MAR 09 1,200.000				
00157	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____	2400	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00158	CASE COUNT _____ DELIVERY: 42691-03 DEPT OF CORRECTIONS TAMMS CORRECTIONAL CENTER 8500 SUPERMAX ROAD TAMMS, IL 62988 JAN 09 2,400.000	5400	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42692-00 DEPT OF CORRECTIONS STATEVILLE CORRECTIONAL CENTER 16300 ILLINOIS ROUTE 53 ROUTE 53 & DIVISION ST JOLIET, IL 60435 JAN 09 1,800.000 FEB 09 1,800.000 MAR 09 1,800.000 ONE DELIVERY PER MONTH			_____	_____
00159	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____	6200	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00160	DELIVERY: 42693-00 DEPT OF CORRECTIONS TAYLORVILLE CORRECTIONAL CENTER STATE ROUTE 29 SOUTH PO BOX 1000 TAYLORVILLE, IL 62568 JAN 09 2,200.000 FEB 09 2,000.000 MAR 09 2,000.000	4800	LB		
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42694-00 DEPT OF CORRECTIONS VANDALIA CORRECTIONAL CENTER 1 MILE NO. ON RT. 51 BOX 500 VANDALIA, IL 62471 JAN 09 1,600.000 FEB 09 1,600.000 MAR 09 1,600.000				
00161	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY:	480	LB		

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00162	42695-S1 THOMSON CORRECTIONAL CENTER THOMSON CORRECTIONAL CENTER 1100 ONE MILE RAOD THOMSON, IL 61285 JAN 09 480.000	5340	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42696-00 DEPT OF CORRECTIONS VIENNA CORRECTIONAL CENTER 6695 ROUTE 146 EAST VIENNA, IL 62995 JAN 09 3,000.000 FEB 09 2,340.000			_____	_____
00163	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 42697-00 DEPT OF CORRECTIONS WESTERN ILLINOIS CORRECTIONAL CNTR R.R. #4, BOX 196	6480	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00164	ATTN: PAM SCHLUETER MT. STERLING, IL 62353 JAN 09 2,160.000 FEB 09 2,160.000 MAR 09 2,160.000	1200	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 200.000 FEB 09 500.000 MAR 09 500.000				
00165	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD CENTRALIA, IL 62801-5836	2400	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00166	JAN 09 800.000 FEB 09 800.000 MAR 09 800.000 COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 1,500.000 FEB 09 1,500.000	3000	LB	_____	_____
	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOS- PHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON- ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 JAN 09 500.000 FEB 09 500.000 MAR 09 500.000	1500	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00168	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 900.000 FEB 09 900.000 MAR 09 780.000	2580	LB	_____	_____
00169	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 JAN 09 60.000 FEB 09 60.000 MAR 09 60.000	180	LB	_____	_____
00170	COMMODITY NO: 5142-359-2010	3900	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 FEB 09 1,950.000 MAR 09 1,950.000				
00171	COMMODITY NO: 5142-359-2010 SURVEY LINE NO: 00039 EGGS, WHOLE FROZEN, PACKED 6/5 LB/CS. THE PRODUCT SHALL BE COMPOSED OF WHOLE EGGS, CITRIC ACID OR MONOSODIUM PHOSPHATE TO STABILIZE COLOR AND 0.5 PERCENT WATER. NO OTHER ADDITIVES SHALL BE USED. MADE FROM USDA INSPECTED SALMON-ELLA NEGATIVE AS DETERMINED BY USDA METHODS OF ANALYSIS GRADE A EGGS. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 49723-00 DEPT OF VETERANS' AFFAIRS ILL. VETERANS' HOME AT LASALLE ATTN: 1015 O'CONOR AVENUE LASALLE, IL 61301 JAN 09 300.000 FEB 09 300.000 MAR 09 300.000	900	LB	_____	_____
00172	COMMODITY NO: 5142-359-2030 SURVEY LINE NO: 00042	4	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00173	OMELET, SALT FREE, PLAIN, 3 - 3-1/2 OZ. EA., 84/CS. FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, COTTONSEED OIL, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 2.000 MAR 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	1	CASE	_____	_____
	COMMODITY NO: 5142-359-2030 SURVEY LINE NO: 00042 OMELET, SALT FREE, PLAIN, 3 - 3-1/2 OZ. EA., 84/CS. FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, COTTONSEED OIL, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703				

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00174	JAN 09 1.000 COMMODITY NO: 5142-359-2021 SURVEY LINE NO: 00043 OMELET, CHEESE, 3 1/2-4 OZ. EA., SEMI-CIRCULAR, FULLY COOKED, FROZEN, 60/CS. PLAIN, FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. COMBINATION OF AMERICAN AND CHEDDAR CHEESE FILLED. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, VEGETABLE OIL, SALT, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632	30	CASE	_____	_____
	FEB 09 30.000 COMMODITY NO: 5142-359-2021 SURVEY LINE NO: 00043 OMELET, CHEESE, 3 1/2-4 OZ. EA., SEMI-CIRCULAR, FULLY COOKED, FROZEN, 60/CS. PLAIN, FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. COMBINATION OF AMERICAN AND CHEDDAR CHEESE FILLED. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, VEGETABLE OIL, SALT, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____				
00175	FEB 09 30.000 COMMODITY NO: 5142-359-2021 SURVEY LINE NO: 00043 OMELET, CHEESE, 3 1/2-4 OZ. EA., SEMI-CIRCULAR, FULLY COOKED, FROZEN, 60/CS. PLAIN, FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. COMBINATION OF AMERICAN AND CHEDDAR CHEESE FILLED. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, VEGETABLE OIL, SALT, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____	5	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00176	DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 5.000	28	CASE		
	COMMODITY NO: 5142-359-2021 SURVEY LINE NO: 00043 OMELET, CHEESE, 3 1/2-4 OZ. EA., SEMI-CIRCULAR, FULLY COOKED, FROZEN, 60/CS. PLAIN, FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. COMBINATION OF AMERICAN AND CHEDDAR CHEESE FILLED. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, VEGETABLE OIL, SALT, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 14.000 FEB 09 7.000 MAR 09 7.000				
00177	COMMODITY NO: 5142-359-2021 SURVEY LINE NO: 00043 OMELET, CHEESE, 3 1/2-4 OZ. EA., SEMI-CIRCULAR, FULLY COOKED, FROZEN, 60/CS. PLAIN, FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. COMBINATION OF AMERICAN AND CHEDDAR CHEESE FILLED. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, VEGETABLE OIL, SALT, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS.	4	CASE		

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00178	MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 2.000 MAR 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	6	CASE	_____	_____
	COMMODITY NO: 5142-359-2021 SURVEY LINE NO: 00043 OMELET, CHEESE, 3 1/2-4 OZ. EA., SEMI-CIRCULAR, FULLY COOKED, FROZEN, 60/CS. PLAIN, FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. COMBINATION OF AMERICAN AND CHEDDAR CHEESE FILLED. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, VEGETABLE OIL, SALT, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000			_____	_____
00179	COMMODITY NO: 5142-359-2021 SURVEY LINE NO: 00043	24	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 102
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00180	OMELET, CHEESE, 3 1/2-4 OZ. EA., SEMI-CIRCULAR, FULLY COOKED, FROZEN, 60/CS. PLAIN, FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. COMBINATION OF AMERICAN AND CHEDDAR CHEESE FILLED. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, VEGETABLE OIL, SALT, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 8.000 FEB 09 8.000 MAR 09 8.000	80	CASE	_____	_____
	COMMODITY NO: 5142-359-2021 SURVEY LINE NO: 00043 OMELET, CHEESE, 3 1/2-4 OZ. EA., SEMI-CIRCULAR, FULLY COOKED, FROZEN, 60/CS. PLAIN, FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. COMBINATION OF AMERICAN AND CHEDDAR CHEESE FILLED. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, VEGETABLE OIL, SALT, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692				

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INVITATION FOR BID		VENDOR:			PAGE: 103
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00181	JAN 09 40.000 FEB 09 40.000 COMMODITY NO: 5142-359-2021 SURVEY LINE NO: 00043 OMELET, CHEESE, 3 1/2-4 OZ. EA., SEMI-CIRCULAR, FULLY COOKED, FROZEN, 60/CS. PLAIN, FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. COMBINATION OF AMERICAN AND CHEDDAR CHEESE FILLED. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, VEGETABLE OIL, SALT, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 12.000	12	CASE	_____	_____
00182	COMMODITY NO: 5142-359-2021 SURVEY LINE NO: 00043 OMELET, CHEESE, 3 1/2-4 OZ. EA., SEMI-CIRCULAR, FULLY COOKED, FROZEN, 60/CS. PLAIN, FOLDED INTO A SEMI-CIRCULAR SHAPE, FULLY COOKED, FROZEN. COMBINATION OF AMERICAN AND CHEDDAR CHEESE FILLED. OMELETS SHALL CONSIST OF EGGS, WHOLE MILK, VEGETABLE OIL, SALT, BUTTER, CITRIC ACID AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA NEGATIVE AS DETERMINED BY USDA METHOD OF ANALYSIS. GRADE "A" EGGS. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY:	9	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 104
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	49723-00 DEPT OF VETERANS' AFFAIRS ILL. VETERANS' HOME AT LASALLE ATTN: 1015 O'CONOR AVENUE LASALLE, IL 61301 JAN 09 3.000 FEB 09 3.000 MAR 09 3.000				
00183	COMMODITY NO: 5142-359-2023 SURVEY LINE NO: 00044 OMELET, PLAIN, 3 OZ. EACH, 84/CS CIRCULAR SHAPE, FULLY COOKED, FROZEN, LOW-FAT, LOW-CHOLESTEROL, LOW-SUGAR. STATE BRAND: _____ STATE SIZE/CASE COUNT: _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 FEB 09 30.000	30	CASE	_____	_____
00184	COMMODITY NO: 5142-359-2023 SURVEY LINE NO: 00044 OMELET, PLAIN, 3 OZ. EACH, 84/CS CIRCULAR SHAPE, FULLY COOKED, FROZEN, LOW-FAT, LOW-CHOLESTEROL, LOW-SUGAR. STATE BRAND: _____ STATE SIZE/CASE COUNT: _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 3.000 MAR 09 3.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	6	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 105
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00185	COMMODITY NO: 5142-359-2023 SURVEY LINE NO: 00044 OMELET, PLAIN, 3 OZ. EACH, 84/CS CIRCULAR SHAPE, FULLY COOKED, FROZEN, LOW-FAT, LOW-CHOLESTEROL, LOW-SUGAR. STATE BRAND: _____ STATE SIZE/CASE COUNT: _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 1.000	1	CASE	_____	_____
00186	COMMODITY NO: 5142-359-2023 SURVEY LINE NO: 00044 OMELET, PLAIN, 3 OZ. EACH, 84/CS CIRCULAR SHAPE, FULLY COOKED, FROZEN, LOW-FAT, LOW-CHOLESTEROL, LOW-SUGAR. STATE BRAND: _____ STATE SIZE/CASE COUNT: _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 1.000	1	CASE	_____	_____
00187	COMMODITY NO: 5142-359-2023 SURVEY LINE NO: 00044 OMELET, PLAIN, 3 OZ. EACH, 84/CS CIRCULAR SHAPE, FULLY COOKED, FROZEN, LOW-FAT, LOW-CHOLESTEROL, LOW-SUGAR. STATE BRAND: _____ STATE SIZE/CASE COUNT: _____ DELIVERY: 49723-00 DEPT OF VETERANS' AFFAIRS ILL. VETERANS' HOME AT LASALLE ATTN: 1015 O'CONOR AVENUE LASALLE, IL 61301	3	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00188	JAN 09 1.000 FEB 09 1.000 MAR 09 1.000 COMMODITY NO: 5142-359-2040 SURVEY LINE NO: 00045 EGGS, SCRAMBLED, 1.25 OZ. EA., FROZEN, 144 PER CASE, THE SCRAMBLED EGG PRODUCT SHALL CONSIST OF EGG WHITES, YOLKS, STARCH, MILK, VEGETABLE OIL AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. USDA INSPECTED SALMONELLA, COAGULASE, AND STAPHYLOCOCCUS NEGATIVE, GRADE "A" EGGS. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 6.000 FEB 09 6.000 MAR 09 6.000	18	CASE	_____	_____
00189	COMMODITY NO: 5142-359-2013 SURVEY LINE NO: 00046 EGGS, SCRAMBLED, BOIL IN A BAG, 6/5 LB. POLY BAG. FROZEN PRODUCT TO CONTAIN WHOLE EGGS AND NONFAT MILK. PRODUCT TO BE HOMOGENIZED, PASTEURIZED, AND PACKED UNDER CONTINUOUS USDA INSPECTION. SUNNY FRESH #10025 OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 5.000	5	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00190	COMMODITY NO: 5142-359-2060 SURVEY LINE NO: 00047 EGGS, HARD COOKED DICED, 5 LB. POLYBAGS 20 LBS., FROZEN, SHALL BE 100% PURE USDA INSPECTED GRADE "A" EGGS. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 6.000 FEB 09 6.000	12	CASE	_____	_____
00191	COMMODITY NO: 5142-359-2060 SURVEY LINE NO: 00047 EGGS, HARD COOKED DICED, 5 LB. POLYBAGS 20 LBS., FROZEN, SHALL BE 100% PURE USDA INSPECTED GRADE "A" EGGS. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 5.000	5	CASE	_____	_____
00192	COMMODITY NO: 5142-359-4000 SURVEY LINE NO: 00049 CHICKEN WING DING, 35-45 PIECES/CASE, FULLY COOKED, FROZEN, SHALL BE MADE FROM THE FIRST WING JOINT ONLY, 10 LBS/CASE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44439-WF1	400	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00193	DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 100.000 FEB 09 100.000 MAR 09 200.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONHT.	300	LB	_____	_____
	COMMODITY NO: 5142-359-4000 SURVEY LINE NO: 00049 CHICKEN WING DING, 35-45 PIECES/CASE, FULLY COOKED, FROZEN, SHALL BE MADE FROM THE FIRST WING JOINT ONLY, 10 LBS/CASE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 300.000				
00194	COMMODITY NO: 5142-359-4000 SURVEY LINE NO: 00049 CHICKEN WING DING, 35-45 PIECES/CASE, FULLY COOKED, FROZEN, SHALL BE MADE FROM THE FIRST WING JOINT ONLY, 10 LBS/CASE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 30.000 FEB 09 30.000 MAR 09 30.000	90	LB	_____	_____
	COMMODITY NO: 5142-359-4000 SURVEY LINE NO: 00049 CHICKEN WING DING, 35-45 PIECES/CASE, FULLY COOKED, FROZEN, SHALL BE MADE FROM THE FIRST WING JOINT ONLY, 10 LBS/CASE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 30.000 FEB 09 30.000 MAR 09 30.000				

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00195	COMMODITY NO: 5142-359-4010 SURVEY LINE NO: 00050 CHICKEN, DICED, 1/2 IN., NO SKIN, FULLY COOKED, FROZEN, 10 LB. PKG., IQF. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 500.000	500	LB	_____	_____
00196	COMMODITY NO: 5142-359-4010 SURVEY LINE NO: 00050 CHICKEN, DICED, 1/2 IN., NO SKIN, FULLY COOKED, FROZEN, 10 LB. PKG., IQF. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 150.000	150	LB	_____	_____
00197	COMMODITY NO: 5142-359-4010 SURVEY LINE NO: 00050 CHICKEN, DICED, 1/2 IN., NO SKIN, FULLY COOKED, FROZEN, 10 LB. PKG., IQF. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420	180	LB	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 110
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00198	JAN 09 60.000 FEB 09 60.000 MAR 09 60.000 COMMODITY NO: 5142-359-4025 SURVEY LINE NO: 00051 CHICKEN, PULLED, 5 OR 10 LBS/CS., FULLY COOKED, FROZEN, PIECES OF CHICKEN PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE CHICKEN (WHITE AND DARK MEAT). NO BINDER OR EXTENDERS. BRAND NAME _____ NET WEIGHT: _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 30.000 MAR 09 30.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	60	LB	_____	_____
	00199 COMMODITY NO: 5142-359-4025 SURVEY LINE NO: 00051 CHICKEN, PULLED, 5 OR 10 LBS/CS., FULLY COOKED, FROZEN, PIECES OF CHICKEN PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE CHICKEN (WHITE AND DARK MEAT). NO BINDER OR EXTENDERS. BRAND NAME _____ NET WEIGHT: _____ DELIVERY: 44441-D51 DEPT OF HUMAN SERVICES RUSHVILLE TDF HORNEY BRANCH ROAD AND COUNTY FARM ROAD RUSHVILLE, IL 62681 JAN 09 200.000 FEB 09 200.000 MAR 09 200.000	600	LB	_____	_____
00200	COMMODITY NO: 5142-359-4025	60	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00201	SURVEY LINE NO: 00051 CHICKEN, PULLED, 5 OR 10 LBS/CS., FULLY COOKED, FROZEN, PIECES OF CHICKEN PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE CHICKEN (WHITE AND DARK MEAT). NO BINDER OR EXTENDERS. BRAND NAME _____ NET WEIGHT: _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 60.000	150	LB	_____	_____
	COMMODITY NO: 5142-359-4025 SURVEY LINE NO: 00051 CHICKEN, PULLED, 5 OR 10 LBS/CS., FULLY COOKED, FROZEN, PIECES OF CHICKEN PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE CHICKEN (WHITE AND DARK MEAT). NO BINDER OR EXTENDERS. BRAND NAME _____ NET WEIGHT: _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 50.000 FEB 09 50.000 MAR 09 50.000			_____	_____
00202	COMMODITY NO: 5142-359-4025 SURVEY LINE NO: 00051 CHICKEN, PULLED, 5 OR 10 LBS/CS., FULLY COOKED, FROZEN, PIECES OF CHICKEN PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE CHICKEN (WHITE AND DARK MEAT). NO BINDER OR EXTENDERS. BRAND NAME _____ NET WEIGHT: _____ DELIVERY: 44466-WM1	495	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00203	DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 JAN 09 165.000 FEB 09 165.000 MAR 09 165.000	300	LB	_____	_____
	COMMODITY NO: 5142-359-4025 SURVEY LINE NO: 00051 CHICKEN, PULLED, 5 OR 10 LBS/CS., FULLY COOKED, FROZEN, PIECES OF CHICKEN PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE CHICKEN (WHITE AND DARK MEAT). NO BINDER OR EXTENDERS. BRAND NAME _____ NET WEIGHT: _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 300.000				
00204	COMMODITY NO: 5142-359-4025 SURVEY LINE NO: 00051 CHICKEN, PULLED, 5 OR 10 LBS/CS., FULLY COOKED, FROZEN, PIECES OF CHICKEN PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE CHICKEN (WHITE AND DARK MEAT). NO BINDER OR EXTENDERS. BRAND NAME _____ NET WEIGHT: _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 1,140.000 FEB 09 1,000.000 MAR 09 1,000.000	3140	LB	_____	_____
	COMMODITY NO: 5142-359-4025				
00205	COMMODITY NO: 5142-359-4025	1000	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00206	SURVEY LINE NO: 00051 CHICKEN, PULLED, 5 OR 10 LBS/CS., FULLY COOKED, FROZEN, PIECES OF CHICKEN PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE CHICKEN (WHITE AND DARK MEAT). NO BINDER OR EXTENDERS. BRAND NAME _____ NET WEIGHT: _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 1,000.000	200	LB	_____	_____
	COMMODITY NO: 5142-359-9045 SURVEY LINE NO: 00052 CHICKEN BREAST STRIPS,1 OZ. EA., BREADED AND COOKED, STRIPS MADE OF SOLID WHITE BREAST MEAT OF CHICKEN, PACKED 10 OR 20 LB BOXES. BRAND NAME _____ WEIGHT PER CASE _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 200.000			_____	_____
00207	COMMODITY NO: 5142-359-9045 SURVEY LINE NO: 00052 CHICKEN BREAST STRIPS,1 OZ. EA., BREADED AND COOKED, STRIPS MADE OF SOLID WHITE BREAST MEAT OF CHICKEN, PACKED 10 OR 20 LB BOXES. BRAND NAME _____ WEIGHT PER CASE _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES	100	LB	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 114
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00208	CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 100.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	150	LB	_____	_____
	COMMODITY NO: 5142-359-9045 SURVEY LINE NO: 00052 CHICKEN BREAST STRIPS,1 OZ. EA., BREADED AND COOKED, STRIPS MADE OF SOLID WHITE BREAST MEAT OF CHICKEN, PACKED 10 OR 20 LB BOXES. BRAND NAME _____ WEIGHT PER CASE _____ DELIVERY: 44441-D51 DEPT OF HUMAN SERVICES RUSHVILLE TDF HORNEY BRANCH ROAD AND COUNTY FARM ROAD RUSHVILLE, IL 62681 JAN 09 50.000 FEB 09 50.000 MAR 09 50.000				
00209	COMMODITY NO: 5142-359-9045 SURVEY LINE NO: 00052 CHICKEN BREAST STRIPS,1 OZ. EA., BREADED AND COOKED, STRIPS MADE OF SOLID WHITE BREAST MEAT OF CHICKEN, PACKED 10 OR 20 LB BOXES. BRAND NAME _____ WEIGHT PER CASE _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 600.000	600	LB	_____	_____
00210	COMMODITY NO: 5142-359-9045	240	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00211	SURVEY LINE NO: 00052 CHICKEN BREAST STRIPS,1 OZ. EA., BREADED AND COOKED, STRIPS MADE OF SOLID WHITE BREAST MEAT OF CHICKEN, PACKED 10 OR 20 LB BOXES. BRAND NAME _____ WEIGHT PER CASE _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 80.000 FEB 09 80.000 MAR 09 80.000	400	LB	_____	_____
	COMMODITY NO: 5142-359-9045 SURVEY LINE NO: 00052 CHICKEN BREAST STRIPS,1 OZ. EA., BREADED AND COOKED, STRIPS MADE OF SOLID WHITE BREAST MEAT OF CHICKEN, PACKED 10 OR 20 LB BOXES. BRAND NAME _____ WEIGHT PER CASE _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 400.000			_____	_____
00212	COMMODITY NO: 5142-359-9045 SURVEY LINE NO: 00052 CHICKEN BREAST STRIPS,1 OZ. EA., BREADED AND COOKED, STRIPS MADE OF SOLID WHITE BREAST MEAT OF CHICKEN, PACKED 10 OR 20 LB BOXES. BRAND NAME _____ WEIGHT PER CASE _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR	150	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00213	901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 150.000 COMMODITY NO: 5142-359-8051 SURVEY LINE NO: 00053 NUGGETS, CHICKEN, 1/2 OZ TO 1 OZ. EA., BREADED AND COOKED, PACKED 10 OR 12 LB. BOX. WEIGHT OF PRODUCT AFTER COOKING MUST WEIGH FROM 1/2 OZ. TO 1 OZ. EACH. BRAND NAME _____ CASE COUNT _____ WEIGHT PER NUGGET _____ WEIGHT PER CASE _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 200.000	200	LB	_____	_____
	COMMODITY NO: 5142-359-8051 SURVEY LINE NO: 00053 NUGGETS, CHICKEN, 1/2 OZ TO 1 OZ. EA., BREADED AND COOKED, PACKED 10 OR 12 LB. BOX. WEIGHT OF PRODUCT AFTER COOKING MUST WEIGH FROM 1/2 OZ. TO 1 OZ. EACH. BRAND NAME _____ CASE COUNT _____ WEIGHT PER NUGGET _____ WEIGHT PER CASE _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 100.000 FEB 09 100.000 MAR 09 100.000	300	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00215	COMMODITY NO: 5142-359-8051 SURVEY LINE NO: 00053 NUGGETS, CHICKEN, 1/2 OZ TO 1 OZ. EA., BREADED AND COOKED, PACKED 10 OR 12 LB. BOX. WEIGHT OF PRODUCT AFTER COOKING MUST WEIGH FROM 1/2 OZ. TO 1 OZ. EACH. BRAND NAME _____ CASE COUNT _____ WEIGHT PER NUGGET _____ WEIGHT PER CASE _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 60.000 FEB 09 60.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	120	LB	_____	_____
00216	COMMODITY NO: 5142-359-8051 SURVEY LINE NO: 00053 NUGGETS, CHICKEN, 1/2 OZ TO 1 OZ. EA., BREADED AND COOKED, PACKED 10 OR 12 LB. BOX. WEIGHT OF PRODUCT AFTER COOKING MUST WEIGH FROM 1/2 OZ. TO 1 OZ. EACH. BRAND NAME _____ CASE COUNT _____ WEIGHT PER NUGGET _____ WEIGHT PER CASE _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 20.000 FEB 09 20.000 MAR 09 20.000	60	LB	_____	_____
00217	COMMODITY NO: 5142-359-8051 SURVEY LINE NO: 00053	600	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00218	NUGGETS, CHICKEN, 1/2 OZ TO 1 OZ. EA., BREADED AND COOKED, PACKED 10 OR 12 LB. BOX. WEIGHT OF PRODUCT AFTER COOKING MUST WEIGH FROM 1/2 OZ. TO 1 OZ. EACH. BRAND NAME _____ CASE COUNT _____ WEIGHT PER NUGGET _____ WEIGHT PER CASE _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 300.000 FEB 09 300.000	36	LB	_____	_____
	COMMODITY NO: 5142-359-8051 SURVEY LINE NO: 00053 NUGGETS, CHICKEN, 1/2 OZ TO 1 OZ. EA., BREADED AND COOKED, PACKED 10 OR 12 LB. BOX. WEIGHT OF PRODUCT AFTER COOKING MUST WEIGH FROM 1/2 OZ. TO 1 OZ. EACH. BRAND NAME _____ CASE COUNT _____ WEIGHT PER NUGGET _____ WEIGHT PER CASE _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 JAN 09 12.000 FEB 09 12.000 MAR 09 12.000			_____	_____
00219	COMMODITY NO: 5142-359-9054 SURVEY LINE NO: 00054 PATTIES, BREADED, CHICKEN, 3.4 - 4 OZ. EA, FROZEN, FULLY COOKED, APPROX. 60/CS. MIX OF WHITE AND DARK MEAT. MADE FROM MINCED, CHOPPED OR COMMINUTED CHICKEN MEAT WITH SEASONINGS. PRODUCT TO BE FORMED INTO FLAT PATTY; MAY BE OVAL OR ROUND.	40	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00220	PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ STATE NO. OF PATTIES PER CS. _____ NET WEIGHT/CASE: _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 40.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	120	LB	_____	_____
	COMMODITY NO: 5142-359-9054 SURVEY LINE NO: 00054 PATTIES, BREADED, CHICKEN, 3.4 - 4 OZ. EA, FROZEN, FULLY COOKED, APPROX. 60/CS. MIX OF WHITE AND DARK MEAT. MADE FROM MINCED, CHOPPED OR COMMINUTED CHICKEN MEAT WITH SEASONINGS. PRODUCT TO BE FORMED INTO FLAT PATTY; MAY BE OVAL OR ROUND. PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ STATE NO. OF PATTIES PER CS. _____ NET WEIGHT/CASE: _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 40.000 FEB 09 40.000 MAR 09 40.000			_____	_____
00221	COMMODITY NO: 5142-359-9054 SURVEY LINE NO: 00054	300	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	PATTIES, BREADED, CHICKEN, 3.4 - 4 OZ. EA, FROZEN, FULLY COOKED, APPROX. 60/CS. MIX OF WHITE AND DARK MEAT. MADE FROM MINCED, CHOPPED OR COMMUNUTED CHICKEN MEAT WITH SEASONINGS. PRODUCT TO BE FORMED INTO FLAT PATTY; MAY BE OVAL OR ROUND. PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ STATE NO. OF PATTIES PER CS. _____ NET WEIGHT/CASE: _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 300.000				
00222	COMMODITY NO: 5142-359-9053 SURVEY LINE NO: 00055 PATTIES, CHICKEN, 3.0 - 3.5 OZ, 100% WHITE MEAT, BREADED, FULLY COOKED, FROZEN. PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ WEIGHT PER CASE _____ CASE COUNT _____ DELIVERY: 44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 200.000	200	LB	_____	_____
00223	COMMODITY NO: 5142-359-9053 SURVEY LINE NO: 00055 PATTIES, CHICKEN, 3.0 - 3.5 OZ, 100% WHITE MEAT, BREADED, FULLY COOKED,	100	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00224	FROZEN. PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ WEIGHT PER CASE _____ CASE COUNT _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 100.000	80	LB	_____	_____
	COMMODITY NO: 5142-359-9053 SURVEY LINE NO: 00055 PATTIES, CHICKEN, 3.0 - 3.5 OZ, 100% WHITE MEAT, BREADED, FULLY COOKED, FROZEN. PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ WEIGHT PER CASE _____ CASE COUNT _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 80.000			_____	_____
00225	COMMODITY NO: 5142-359-9053 SURVEY LINE NO: 00055 PATTIES, CHICKEN, 3.0 - 3.5 OZ, 100% WHITE MEAT, BREADED, FULLY COOKED, FROZEN. PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ WEIGHT PER CASE _____	120	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00226	CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 40.000 FEB 09 40.000 MAR 09 40.000	100	LB	_____	_____
	COMMODITY NO: 5142-359-9053 SURVEY LINE NO: 00055 PATTIES, CHICKEN, 3.0 - 3.5 OZ, 100% WHITE MEAT, BREADED, FULLY COOKED, FROZEN. PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ WEIGHT PER CASE _____ CASE COUNT _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD CENTRALIA, IL 62801-5836 JAN 09 100.000			_____	_____
00227	COMMODITY NO: 5142-359-9053 SURVEY LINE NO: 00055 PATTIES, CHICKEN, 3.0 - 3.5 OZ, 100% WHITE MEAT, BREADED, FULLY COOKED, FROZEN. PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ WEIGHT PER CASE _____ CASE COUNT _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE	525	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00228	HIGHWAY 3 NORTH CHESTER, IL 62233 JAN 09 175.000 FEB 09 175.000 MAR 09 175.000	200	LB	_____	_____
	COMMODITY NO: 5142-359-9053 SURVEY LINE NO: 00055 PATTIES, CHICKEN, 3.0 - 3.5 OZ, 100% WHITE MEAT, BREADED, FULLY COOKED, FROZEN. PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ WEIGHT PER CASE _____ CASE COUNT _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 200.000				
00229	COMMODITY NO: 5142-359-9053 SURVEY LINE NO: 00055 PATTIES, CHICKEN, 3.0 - 3.5 OZ, 100% WHITE MEAT, BREADED, FULLY COOKED, FROZEN. PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ WEIGHT PER CASE _____ CASE COUNT _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 150.000	150	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00230	COMMODITY NO: 5142-359-9053 SURVEY LINE NO: 00055 PATTIES, CHICKEN, 3.0 - 3.5 OZ, 100% WHITE MEAT, BREADED, FULLY COOKED, FROZEN. PRODUCT TO CONTAIN NO EXTENDERS OR BINDERS. BRAND NAME _____ SIZE OF PATTY _____ WEIGHT PER CASE _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 100.000 FEB 09 100.000	200	LB	_____	_____
00231	COMMODITY NO: 5142-359-0101 SURVEY LINE NO: 00056 CHICKEN, GLAZED, FROZEN, FULLY COOKED, PACKED 4/76 OZ. TRAYS PER CASE. SEASONED BROILED CHICKEN TENDERS AND SLICED MUSHROOMS IN TARAGON SEASONED SAUCE. STOUFFER'S CODE NO. 1504 OR APPROVED EQUAL. STATE BRAND _____ STATE TRAY/CS. SIZE _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 14.000 FEB 09 7.000 MAR 09 7.000	28	CASE	_____	_____
00232	COMMODITY NO: 5142-359-9392 SURVEY LINE NO: 00057 CHICKEN KIEV, FROZEN, 4 OZ. PORTIONS FULLY COOKED. 36/4 OZ. PORTIONS PER CASE. MFR./BRAND _____	60	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00233	SERVING SIZE _____ CASE COUNT _____ NET WEIGHT/CASE _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 60.000	5	CASE	_____	_____
	COMMODITY NO: 5142-359-9392 SURVEY LINE NO: 00057 CHICKEN KIEV, FROZEN, 4 OZ. PORTIONS FULLY COOKED. 36/4 OZ. PORTIONS PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ NET WEIGHT/CASE _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 5.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.				
00234	COMMODITY NO: 5142-359-9392 SURVEY LINE NO: 00057 CHICKEN KIEV, FROZEN, 4 OZ. PORTIONS FULLY COOKED. 36/4 OZ. PORTIONS PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ NET WEIGHT/CASE _____	4	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00235	DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 4.000	12	CASE		
	COMMODITY NO: 5142-359-9392 SURVEY LINE NO: 00057 CHICKEN KIEV, FROZEN, 4 OZ. PORTIONS FULLY COOKED. 36/4 OZ. PORTIONS PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ NET WEIGHT/CASE _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 4.000 FEB 09 4.000 MAR 09 4.000				
00236	COMMODITY NO: 5142-359-9327 SURVEY LINE NO: 00058 CHICKEN, QUARTERS. FULLY COOKED AND BREADED FRYING CHICKEN QUARTERS. FROZEN. NET WT. 21 LBS. (48 - 7 OZ./CS.) MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ NET WEGHT/CASE _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906	660	LB		

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00237	JAN 09 220.000 FEB 09 220.000 MAR 09 220.000 COMMODITY NO: 5142-359-9327 SURVEY LINE NO: 00058 CHICKEN, QUARTERS. FULLY COOKED AND BREADED FRYING CHICKEN QUARTERS. FROZEN. NET WT. 21 LBS. (48 - 7 OZ./CS.) MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ NET WEGHT/CASE _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 600.000 FEB 09 600.000	1200	LB	_____	_____
00238	COMMODITY NO: 5142-359-4012 SURVEY LINE NO: 00059 TURKEY, DICED, 1/2 IN., 1/10 LB/CASE, FULLY COOKED, FROZEN, NO SKIN. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 100.000	100	LB	_____	_____
00239	COMMODITY NO: 5142-359-4016 SURVEY LINE NO: 00061 TURKEY, PULLED, 1/10 LB/CASE, FULLY COOKED, FROZEN, PIECES OF TURKEY PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE TURKEY, NO BINDERS OR EXTENDERS.	1500	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00240	BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 1,500.000	40	LB	_____	_____
	COMMODITY NO: 5142-359-4016 SURVEY LINE NO: 00061 TURKEY, PULLED, 1/10 LB/CASE, FULLY COOKED, FROZEN, PIECES OF TURKEY PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE TURKEY, NO BINDERS OR EXTENDERS. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 40.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.			_____	_____
00241	COMMODITY NO: 5142-359-4016 SURVEY LINE NO: 00061 TURKEY, PULLED, 1/10 LB/CASE, FULLY COOKED, FROZEN, PIECES OF TURKEY PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE TURKEY, NO BINDERS OR EXTENDERS. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44444-WG1 DEPT OF HUMAN SERVICES SINGER MENTAL HEALTH CTR	150	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00242	4402 NORTH MAIN STREET ROCKFORD, IL 61103 JAN 09 50.000 FEB 09 50.000 MAR 09 50.000	2250	LB	_____	_____
	COMMODITY NO: 5142-359-4016 SURVEY LINE NO: 00061 TURKEY, PULLED, 1/10 LB/CASE, FULLY COOKED, FROZEN, PIECES OF TURKEY PULLED FROM THE BONE IN VARIOUS SIZES. 100% PURE TURKEY, NO BINDERS OR EXTENDERS. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 1,250.000 FEB 09 500.000 MAR 09 500.000				
00243	COMMODITY NO: 5142-359-4031 SURVEY LINE NO: 00062 TURKEY PATTY, 4 OZ., 40/CS. UNBREADED, FROZEN. MAY CONTAIN VEGETABLE PROTEIN AS A BINDER OR EXTENDER. BINDER NOT TO EXCEED 6%. BRAND NAME _____ WEIGHT OF PATTY _____ CASE COUNT _____ NET WEIGHT _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 100.000	100	LB	_____	_____
00244	COMMODITY NO: 5142-359-4040 SURVEY LINE NO: 00063	450	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00245	TURKEY BREAST, 3 1/2-4 LB. EA., BONELESS FULLY COOKED, FROZEN, 12/CASE. NATURAL TURKEY BREAST. TURKEY BREAST SHALL HAVE NO FILLERS ADDED. SHALL HAVE NO WING MEAT OR GELATIN ADDED. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 150.000 FEB 09 150.000 MAR 09 150.000	498	LB	_____	_____
	COMMODITY NO: 5142-359-4040 SURVEY LINE NO: 00063 TURKEY BREAST, 3 1/2-4 LB. EA., BONELESS FULLY COOKED, FROZEN, 12/CASE. NATURAL TURKEY BREAST. TURKEY BREAST SHALL HAVE NO FILLERS ADDED. SHALL HAVE NO WING MEAT OR GELATIN ADDED. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 166.000 FEB 09 166.000 MAR 09 166.000			_____	_____
00246	COMMODITY NO: 5142-359-4045 SURVEY LINE NO: 00064 TURKEY BREAST, BONELESS, FULLY COOKED. 6 - 9 LBS, 2/CASE. FROZEN NATURAL TURKEY BREAST. TURKEY BREAST SHALL HAVE NO FILLERS, WING MEAT OR GELATIN ADDED. MAY NOT CONSIST OF MINCED, COMMUNUTED OR CHOPPED TURKEY. TURKEY BREAST SHALL HAVE NO MORE THAN 375 MG SODIUM PER 3 OZ SERVING. SHALL BE SHRINK WRAPPED, FROZEN AND WEIGH BETWEEN 6 AND 9 LBS EACH.	1000	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	HOUSE OF RAEFORD GOLDEN GOURMET TURKEY BREAST 15975 OR JENNI-O GRAND CHAMPION 8307 OR APPROVED EQUAL. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 FEB 09 1,000.000				
00247	COMMODITY NO: 5142-359-4045 SURVEY LINE NO: 00064 TURKEY BREAST, BONELESS, FULLY COOKED. 6 - 9 LBS, 2/CASE. FROZEN NATURAL TURKEY BREAST. TURKEY BREAST SHALL HAVE NO FILLERS, WING MEAT OR GELATIN ADDED. MAY NOT CONSIST OF MINCED, COMMINUTED OR CHOPPED TURKEY. TURKEY BREAST SHALL HAVE NO MORE THAN 375 MG SODIUM PER 3 OZ SERVING. SHALL BE SHRINK WRAPPED, FROZEN AND WEIGH BETWEEN 6 AND 9 LBS EACH. HOUSE OF RAEFORD GOLDEN GOURMET TURKEY BREAST 15975 OR JENNI-O GRAND CHAMPION 8307 OR APPROVED EQUAL. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 400.000	400	LB	_____	_____
00248	COMMODITY NO: 5142-359-4044 SURVEY LINE NO: 00065 TURKEY BREAST, 8-9 LBS., BONELESS, FULLY COOKED, 2/CASE, NATURAL TURKEY BREAST. TURKEY BREAST SHALL HAVE NO FILLERS ADDED. SHALL HAVE NO WING MEAT OR GELATIN ADDED. FROZEN.	288	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00249	BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 288.000	108	LB	_____	_____
	COMMODITY NO: 5142-359-4044 SURVEY LINE NO: 00065 TURKEY BREAST, 8-9 LBS., BONELESS, FULLY COOKED, 2/CASE, NATURAL TURKEY BREAST. TURKEY BREAST SHALL HAVE NO FILLERS ADDED. SHALL HAVE NO WING MEAT OR GELATIN ADDED. FROZEN. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 54.000 MAR 09 54.000 9 LBS. ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.			_____	_____
00250	COMMODITY NO: 5142-359-4044 SURVEY LINE NO: 00065 TURKEY BREAST, 8-9 LBS., BONELESS, FULLY COOKED, 2/CASE, NATURAL TURKEY BREAST. TURKEY BREAST SHALL HAVE NO FILLERS ADDED. SHALL HAVE NO WING MEAT OR GELATIN ADDED. FROZEN. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES	120	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00251	IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 40.000 FEB 09 40.000 MAR 09 40.000	500	LB	_____	_____
	COMMODITY NO: 5142-359-4044 SURVEY LINE NO: 00065 TURKEY BREAST, 8-9 LBS., BONELESS, FULLY COOKED, 2/CASE, NATURAL TURKEY BREAST. TURKEY BREAST SHALL HAVE NO FILLERS ADDED. SHALL HAVE NO WING MEAT OR GELATIN ADDED. FROZEN. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD CENTRALIA, IL 62801-5836 JAN 09 100.000 FEB 09 200.000 MAR 09 200.000				
00252	COMMODITY NO: 5142-359-4044 SURVEY LINE NO: 00065 TURKEY BREAST, 8-9 LBS., BONELESS, FULLY COOKED, 2/CASE, NATURAL TURKEY BREAST. TURKEY BREAST SHALL HAVE NO FILLERS ADDED. SHALL HAVE NO WING MEAT OR GELATIN ADDED. FROZEN. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 MAR 09 100.000	100	LB	_____	_____
00253	COMMODITY NO: 5142-359-5001 SURVEY LINE NO: 00066	600	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00254	BEEF PATTY, CHARBROILED, 4 OZ., 48/CASE FULLY COOKED, FROZEN. THE PRODUCT SHALL COOKED TO A MEDIUM DEGREE OF DONENESS IN AN OPEN FLAME ON BOTH SIDES. COMPOSITION: *81.5% BEEF, 10.3% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER, 8.2% SEASONINGS & OTHER INGREDIENTS. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.) BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 200.000 FEB 09 200.000 MAR 09 200.000	60	LB	_____	_____
	COMMODITY NO: 5142-359-5001 SURVEY LINE NO: 00066 BEEF PATTY, CHARBROILED, 4 OZ., 48/CASE FULLY COOKED, FROZEN. THE PRODUCT SHALL COOKED TO A MEDIUM DEGREE OF DONENESS IN AN OPEN FLAME ON BOTH SIDES. COMPOSITION: *81.5% BEEF, 10.3% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER, 8.2% SEASONINGS & OTHER INGREDIENTS. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.) BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 60.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.			_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00255	COMMODITY NO: 5142-359-5001 SURVEY LINE NO: 00066 BEEF PATTY, CHARBROILED, 4 OZ., 48/CASE FULLY COOKED, FROZEN. THE PRODUCT SHALL COOKED TO A MEDIUM DEGREE OF DONENESS IN AN OPEN FLAME ON BOTH SIDES. COMPOSITION: *81.5% BEEF, 10.3% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER, 8.2% SEASONINGS & OTHER INGREDIENTS. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.) BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 288.000 FEB 09 288.000	576	LB	_____	_____
00256	COMMODITY NO: 5142-359-5010 SURVEY LINE NO: 00067 CUBED STEAK, BEEF, CHARBROILED, 4 OZ. EA FULLY COOKED, 40/CASE. BEEF CUBE STEAK SHALL BE COOKED TO A MEDIUM DEGREE OF DONENESS IN AN OPEN FLAME ON BOTH SIDES. COMPOSITON: *96% BEEF, 2% ONIONS, 2% SPICES. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.). FROZEN. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 100.000 FEB 09 100.000 MAR 09 100.000	300	LB	_____	_____
00257	COMMODITY NO: 5142-359-5010 SURVEY LINE NO: 00067 CUBED STEAK, BEEF, CHARBROILED, 4 OZ. EA	140	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	FULLY COOKED, 40/CASE. BEEF CUBE STEAK SHALL BE COOKED TO A MEDIUM DEGREE OF DONENESS IN AN OPEN FLAME ON BOTH SIDES. COMPOSITON: *96% BEEF, 2% ONIONS, 2% SPICES. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.). FROZEN. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 60.000 FEB 09 40.000 MAR 09 40.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.				
00258	COMMODITY NO: 5142-359-5010 SURVEY LINE NO: 00067 CUBED STEAK, BEEF, CHARBROILED, 4 OZ. EA FULLY COOKED, 40/CASE. BEEF CUBE STEAK SHALL BE COOKED TO A MEDIUM DEGREE OF DONENESS IN AN OPEN FLAME ON BOTH SIDES. COMPOSITON: *96% BEEF, 2% ONIONS, 2% SPICES. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.). FROZEN. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44444-WG1 DEPT OF HUMAN SERVICES SINGER MENTAL HEALTH CTR 4402 NORTH MAIN STREET ROCKFORD, IL 61103 JAN 09 40.000 FEB 09 40.000 MAR 09 40.000	120	LB	_____	_____
00259	COMMODITY NO: 5142-359-5010 SURVEY LINE NO: 00067 CUBED STEAK, BEEF, CHARBROILED, 4 OZ. EA	120	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00260	FULLY COOKED, 40/CASE. BEEF CUBE STEAK SHALL BE COOKED TO A MEDIUM DEGREE OF DONENESS IN AN OPEN FLAME ON BOTH SIDES. COMPOSITON: *96% BEEF, 2% ONIONS, 2% SPICES. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.). FROZEN. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 120.000	120	LB	_____	_____
	COMMODITY NO: 5142-359-5020 SURVEY LINE NO: 00068 HOAGIE BURGER, CHAR-BROILED, 3-4 OZ. OBLONG SHAPED, FULLY COOKED, FROZEN. 48/CASE, SEASONED BEEF PATTY, HOAGIE BURGER SHALL BE COOKED OVER AN OPEN FLAME ON BOTH SIDES. COMPOSITION: *81% BEEF, 6.5% SOYA PROTEIN OR OTHER EXTENDER, 11.5% SEASONINGS AND FLAVORINGS. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE). BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 60.000 FEB 09 60.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.			_____	_____
00261	COMMODITY NO: 5142-359-5030 SURVEY LINE NO: 00069 CHICKEN FRIED STEAK, 3 OZ., BREADED BEEF	80	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00262	PATTY, FULLY COOKED, FROZEN, 64/CASE. CHICKEN FRIED STEAK SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED WITH A CHICKEN FRIED TYPE BREADING TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. MAY CONTAIN VEGETABLE PROTEIN AS BINDER OR EXTENDER. COMPOSITION: *70% BEEF PATTY, 30% BATTER, BREADING AND BINDERS OR EXTENDERS. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.) BRAND NAME _____ NET WEIGHT OF CASE: _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 40.000 MAR 09 40.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	120	LB	_____	_____
	COMMODITY NO: 5142-359-5030 SURVEY LINE NO: 00069 CHICKEN FRIED STEAK, 3 OZ., BREADED BEEF PATTY, FULLY COOKED, FROZEN, 64/CASE. CHICKEN FRIED STEAK SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED WITH A CHICKEN FRIED TYPE BREADING TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. MAY CONTAIN VEGETABLE PROTEIN AS BINDER OR EXTENDER. COMPOSITION: *70% BEEF PATTY, 30% BATTER, BREADING AND BINDERS OR EXTENDERS. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.) BRAND NAME _____ NET WEIGHT OF CASE: _____ CASE COUNT _____ DELIVERY: 44450-D01			_____	_____

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00263	DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 120.000 COMMODITY NO: 5142-359-5030 SURVEY LINE NO: 00069 CHICKEN FRIED STEAK, 3 OZ., BREADED BEEF PATTY, FULLY COOKED, FROZEN, 64/CASE. CHICKEN FRIED STEAK SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED WITH A CHICKEN FRIED TYPE BREADING TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. MAY CONTAIN VEGETABLE PROTEIN AS BINDER OR EXTENDER. COMPOSITION: *70% BEEF PATTY, 30% BATTER, BREADING AND BINDERS OR EXTENDERS. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.) BRAND NAME _____ NET WEIGHT OF CASE: _____ CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 30.000 FEB 09 30.000 MAR 09 60.000	120	LB	_____	_____
	_____			_____	
00264	COMMODITY NO: 5142-359-5030 SURVEY LINE NO: 00069 CHICKEN FRIED STEAK, 3 OZ., BREADED BEEF PATTY, FULLY COOKED, FROZEN, 64/CASE. CHICKEN FRIED STEAK SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED WITH A CHICKEN FRIED TYPE BREADING TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. MAY CONTAIN VEGETABLE PROTEIN AS BINDER OR EXTENDER. COMPOSITION: *70% BEEF PATTY, 30% BATTER, BREADING AND BINDERS OR EXTENDERS. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.)	150	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	BRAND NAME _____ NET WEIGHT OF CASE: _____ CASE COUNT _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 75.000 FEB 09 75.000				
00265	COMMODITY NO: 5142-359-5030 SURVEY LINE NO: 00069 CHICKEN FRIED STEAK, 3 OZ., BREADED BEEF PATTY, FULLY COOKED, FROZEN, 64/CASE. CHICKEN FRIED STEAK SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED WITH A CHICKEN FRIED TYPE BREADING TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. MAY CONTAIN VEGETABLE PROTEIN AS BINDER OR EXTENDER. COMPOSITION: *70% BEEF PATTY, 30% BATTER, BREADING AND BINDERS OR EXTENDERS. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.) BRAND NAME _____ NET WEIGHT OF CASE: _____ CASE COUNT _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 JAN 09 250.000 FEB 09 250.000	500	LB	_____	_____
00266	COMMODITY NO: 5142-359-5030 SURVEY LINE NO: 00069 CHICKEN FRIED STEAK, 3 OZ., BREADED BEEF PATTY, FULLY COOKED, FROZEN, 64/CASE. CHICKEN FRIED STEAK SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED WITH A CHICKEN FRIED TYPE	384	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00267	BREADING TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. MAY CONTAIN VEGETABLE PROTEIN AS BINDER OR EXTENDER. COMPOSITION: *70% BEEF PATTY, 30% BATTER, BREADING AND BINDERS OR EXTENDERS. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.) BRAND NAME _____ NET WEIGHT OF CASE: _____ CASE COUNT _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 192.000 FEB 09 192.000	300	LB	_____	_____
	COMMODITY NO: 5142-359-5040 SURVEY LINE NO: 00070 BEEF, BREADED PATTY, CHUCK WAGON, 4 OZ., FULLY COOKED, FROZEN, 48 PATTIES/CS. CHUCK WAGON SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED TO ASSURE MAXIMUM ASEPTIC STANDARDS. DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. DISTINCTIVE ONION FLAVORED BEEF PATTY SHALL CONSIST OF NOT LESS THAN 88% BEEF AND NOT MORE THAN 4% TEXTURED VEGETABLE PROTEIN OR OTHER EXTENDER. COMPOSITION: *73% BEEF PATTY, 27% BATTER & BREADING. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.) BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 100.000 FEB 09 100.000 MAR 09 100.000				

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00268	COMMODITY NO: 5142-359-5040 SURVEY LINE NO: 00070 BEEF, BREADED PATTY, CHUCK WAGON, 4 OZ., FULLY COOKED, FROZEN, 48 PATTIES/CS. CHUCK WAGON SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED TO ASSURE MAXIMUM ASEPTIC STANDARDS. DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. DISTINCTIVE ONION FLAVORED BEEF PATTY SHALL CONSIST OF NOT LESS THAN 88% BEEF AND NOT MORE THAN 4% TEXTURED VEGETABLE PROTEIN OR OTHER EXTENDER. COMPOSITION: *73% BEEF PATTY, 27% BATTER & BREADING. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.) BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 40.000 MAR 09 40.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	80	LB	_____	_____
00269	COMMODITY NO: 5142-359-5040 SURVEY LINE NO: 00070 BEEF, BREADED PATTY, CHUCK WAGON, 4 OZ., FULLY COOKED, FROZEN, 48 PATTIES/CS. CHUCK WAGON SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED TO ASSURE MAXIMUM ASEPTIC STANDARDS. DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. DISTINCTIVE ONION FLAVORED BEEF PATTY SHALL CONSIST OF NOT LESS THAN 88% BEEF AND NOT MORE THAN 4% TEXTURED VEGETABLE PROTEIN OR OTHER EXTENDER. COMPOSITION: *73% BEEF PATTY, 27% BATTER & BREADING. (*SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.) BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY:	80	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00270	44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 80.000	120	LB	_____	_____
	COMMODITY NO: 5142-359-5052 SURVEY LINE NO: 00071 TURKEY BBQ, SHREDDED TURKEY WITH LESS THAN 10% TVP IN A MILD HICKORY SMOKED BBQ SAUCE. FULLY COOKED. FRESH FROZEN. AVAILABLE IN 12 LB FLAT PAC OR 4 LB TUBS. AGENCY TO SPECIFY PKG PREFERRED. BEE BEE QUE BRAND OR APPROVED EQUAL BRAND _____ PKG _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 120.000 12 LB FLAT PAC				
00271	COMMODITY NO: 5142-359-5060 SURVEY LINE NO: 00072 SALISBURY STEAK, SEASONED, 4 OZ., FULLY COOKED, FROZEN, 54 PATTIES/CASE. THE SALISBURY STEAK SHALL CONSIST OF NOT LESS THAN 65% BEEF, NOT MORE THAN 3.7% BREAD CRUMBS, AND NOT MORE THAN 5% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER. PRODUCT TO BE SEASONED WITH FRESHLY CHOPPED ONIONS AND COOKED TO A MEDIUM DEGREE OF DONENESS ON AN OPEN FLAME. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 40.000 MAR 09 40.000	80	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00272	ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH. COMMODITY NO: 5142-359-5060 SURVEY LINE NO: 00072 SALISBURY STEAK, SEASONED, 4 OZ., FULLY COOKED, FROZEN, 54 PATTIES/CASE. THE SALISBURY STEAK SHALL CONSIST OF NOT LESS THAN 65% BEEF, NOT MORE THAN 3.7% BREAD CRUMBS, AND NOT MORE THAN 5% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER. PRODUCT TO BE SEASONED WITH FRESHLY CHOPPED ONIONS AND COOKED TO A MEDIUM DEGREE OF DONENESS ON AN OPEN FLAME. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 JAN 09 150.000 FEB 09 150.000 MAR 09 150.000	450	LB	_____	_____
00273	COMMODITY NO: 5142-359-5060 SURVEY LINE NO: 00072 SALISBURY STEAK, SEASONED, 4 OZ., FULLY COOKED, FROZEN, 54 PATTIES/CASE. THE SALISBURY STEAK SHALL CONSIST OF NOT LESS THAN 65% BEEF, NOT MORE THAN 3.7% BREAD CRUMBS, AND NOT MORE THAN 5% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER. PRODUCT TO BE SEASONED WITH FRESHLY CHOPPED ONIONS AND COOKED TO A MEDIUM DEGREE OF DONENESS ON AN OPEN FLAME. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER	90	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00274	134 WEST STREET DWIGHT, IL 60420 JAN 09 30.000 FEB 09 30.000 MAR 09 30.000	160	LB	_____	_____
	COMMODITY NO: 5142-359-5116 SURVEY LINE NO: 00075 MEAT BALLS, 1 OZ. EA., ROUND, UNIFORMLY SHAPED, FULLY COOKED, FROZEN. MEAT BALLS SHALL BE MACHINE FORMED AND BROWNED. COMPOSITION: *70% BEEF, 18% SEASONINGS & OTHER INGREDIENTS, 12% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ SIZE EACH MEATBALL _____ NET WEIGHT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 80.000 MAR 09 80.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.				
00275	COMMODITY NO: 5142-359-5116 SURVEY LINE NO: 00075 MEAT BALLS, 1 OZ. EA., ROUND, UNIFORMLY SHAPED, FULLY COOKED, FROZEN. MEAT BALLS SHALL BE MACHINE FORMED AND BROWNED. COMPOSITION: *70% BEEF, 18% SEASONINGS & OTHER INGREDIENTS, 12% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ SIZE EACH MEATBALL _____ NET WEIGHT _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE	120	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00276	JACKSONVILLE, IL 62650 JAN 09 120.000 COMMODITY NO: 5142-359-5116 SURVEY LINE NO: 00075 MEAT BALLS, 1 OZ. EA., ROUND, UNIFORMLY SHAPED, FULLY COOKED, FROZEN. MEAT BALLS SHALL BE MACHINE FORMED AND BROWNED. COMPOSITION: *70% BEEF, 18% SEASONINGS & OTHER INGREDIENTS, 12% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ SIZE EACH MEATBALL _____ NET WEIGHT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 10.000 FEB 09 10.000 MAR 09 10.000	30	LB	_____	_____
00277	COMMODITY NO: 5142-359-5116 SURVEY LINE NO: 00075 MEAT BALLS, 1 OZ. EA., ROUND, UNIFORMLY SHAPED, FULLY COOKED, FROZEN. MEAT BALLS SHALL BE MACHINE FORMED AND BROWNED. COMPOSITION: *70% BEEF, 18% SEASONINGS & OTHER INGREDIENTS, 12% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ SIZE EACH MEATBALL _____ NET WEIGHT _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 225.000 FEB 09 225.000	450	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00278	COMMODITY NO: 5142-359-5116 SURVEY LINE NO: 00075 MEAT BALLS, 1 OZ. EA., ROUND, UNIFORMLY SHAPED, FULLY COOKED, FROZEN. MEAT BALLS SHALL BE MACHINE FORMED AND BROWNED. COMPOSITION: *70% BEEF, 18% SEASONINGS & OTHER INGREDIENTS, 12% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ SIZE EACH MEATBALL _____ NET WEIGHT _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 1,000.000 FEB 09 500.000 MAR 09 420.000	1920	LB	_____	_____
00279	COMMODITY NO: 5142-359-5116 SURVEY LINE NO: 00075 MEAT BALLS, 1 OZ. EA., ROUND, UNIFORMLY SHAPED, FULLY COOKED, FROZEN. MEAT BALLS SHALL BE MACHINE FORMED AND BROWNED. COMPOSITION: *70% BEEF, 18% SEASONINGS & OTHER INGREDIENTS, 12% SOY PROTEIN CONCENTRATE OR OTHER EXTENDER. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ SIZE EACH MEATBALL _____ NET WEIGHT _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 JAN 09 45.000 FEB 09 45.000 MAR 09 45.000	135	LB	_____	_____
00280	COMMODITY NO: 5142-359-5190 SURVEY LINE NO: 00077 CORNED BEEF BRISKET, BONELESS BEEF BRISKET, FULLY COOKED, FROZEN. EACH	120	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00281	BRISKET TO WEIGH APPROXIMATELY 5 TO 10 LB. EACH. BOX NO LARGER THAN 60 LB. BRISKET SHALL BE BONELESS, BEEF BRISKET, DECKLE OFF, 1/2" TO 1/4" FAT LIMITATION, PUMPED & CURED FOR A MIN. OF 7-10 DAYS. THE PRODUCT SHALL BE ROUND OF BRIGHT COLOR & FREE FROM DISCOLORATION OR DETERIORATION. BRISKET SHALL BE PACKED IN CRYOVAC BAGS, CHILLED & FROZEN. BRAND NAME _____ CASE COUNT: _____ NET WEIGHT/CASE _____ DELIVERY: 44444-WG1 DEPT OF HUMAN SERVICES SINGER MENTAL HEALTH CTR 4402 NORTH MAIN STREET ROCKFORD, IL 61103 JAN 09 120.000	498	LB	_____	_____
	COMMODITY NO: 5142-359-5190 SURVEY LINE NO: 00077 CORNED BEEF BRISKET, BONELESS BEEF BRISKET, FULLY COOKED, FROZEN. EACH BRISKET TO WEIGH APPROXIMATELY 5 TO 10 LB. EACH. BOX NO LARGER THAN 60 LB. BRISKET SHALL BE BONELESS, BEEF BRISKET, DECKLE OFF, 1/2" TO 1/4" FAT LIMITATION, PUMPED & CURED FOR A MIN. OF 7-10 DAYS. THE PRODUCT SHALL BE ROUND OF BRIGHT COLOR & FREE FROM DISCOLORATION OR DETERIORATION. BRISKET SHALL BE PACKED IN CRYOVAC BAGS, CHILLED & FROZEN. BRAND NAME _____ CASE COUNT: _____ NET WEIGHT/CASE _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 166.000 FEB 09 166.000 MAR 09 166.000			_____	_____
00282	COMMODITY NO: 5142-359-5220 SURVEY LINE NO: 00079	500	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00283	BEEF CRUMBLES, DICED BEEF PATTIES, 1/2" PIECES, FULLY COOKED, FROZEN. DICED BEEF PATTIES SHALL CONSIST OF NOT LESS THAN 81% BEEF AND NOT MORE THAN 7.5% SOYA CONTENT OR OTHER EXTENDER. PARTICLES NEED NOT BE OF UNIFORM SIZE BUT SHOULD BE 1/2" PIECES. PRODUCT MUST BE DELIVERED WITHIN SIX MONTHS OF BEING PRODUCED. NET WEIGHT _____ BRAND NAME _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 200.000 FEB 09 200.000 MAR 09 100.000	100	LB	_____	_____
	COMMODITY NO: 5142-359-5220 SURVEY LINE NO: 00079 BEEF CRUMBLES, DICED BEEF PATTIES, 1/2" PIECES, FULLY COOKED, FROZEN. DICED BEEF PATTIES SHALL CONSIST OF NOT LESS THAN 81% BEEF AND NOT MORE THAN 7.5% SOYA CONTENT OR OTHER EXTENDER. PARTICLES NEED NOT BE OF UNIFORM SIZE BUT SHOULD BE 1/2" PIECES. PRODUCT MUST BE DELIVERED WITHIN SIX MONTHS OF BEING PRODUCED. NET WEIGHT _____ BRAND NAME _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 100.000			_____	_____
00284	COMMODITY NO: 5142-359-6012 SURVEY LINE NO: 00080 BACON, HEAT AND SERVE, FROZEN, FULLY COOKED, UNIFORMLY FULL SLICES, LESS THAN 5% SHRINKAGE, 100 SLICES PER BAG, 3 BAGS	9	CASE	_____	_____

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00285	PER CASE. HORMEL FAST 'N EASY OR APPROVED EQUAL. MFR./BRAND _____ NET WEIGHT PER CASE _____ SLICES PER CASE _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 3.000 FEB 09 3.000 MAR 09 3.000	100	LB	_____	_____
	COMMODITY NO: 5142-359-6020 SURVEY LINE NO: 00081 PORK FRITTER, BREADED, CHOPPETTE, 3 OZ. EACH, FULLY COOKED, FROZEN, 64 PATTIES/ CASE. PORK PATTY SHALL BE SEASONED, CHOP- SHAPED & BREADED. THE PRODUCT SHALL BE MACHINE FORMED & MECHANICALLY BATTERED & BREADED TO ASSURE MAXIMUM ASEPTIC STAN- DARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL & IMMEDIATELY FROZEN. THE PORK PATTY SHALL CONSIST OF OT LESS THAN 80% PORK MEAT & NOT MORE THAN 5% VEGETABLE PROTEIN OR OTHER EXTENDER. COMPOSITION - *70% SEASONED PORK, 30% BATTER & BREAD- ING. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 100.000			_____	_____
00286	COMMODITY NO: 5142-359-6020	300	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	SURVEY LINE NO: 00081 PORK FRITTER, BREADED, CHOPPETTE, 3 OZ. EACH, FULLY COOKED, FROZEN, 64 PATTIES/ CASE. PORK PATTY SHALL BE SEASONED, CHOP-SHAPED & BREADED. THE PRODUCT SHALL BE MACHINE FORMED & MECHANICALLY BATTERED & BREADED TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL & IMMEDIATELY FROZEN. THE PORK PATTY SHALL CONSIST OF OT LESS THAN 80% PORK MEAT & NOT MORE THAN 5% VEGETABLE PROTEIN OR OTHER EXTENDER. COMPOSITION - *70% SEASONED PORK, 30% BATTER & BREADING. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 100.000 FEB 09 100.000 MAR 09 100.000				
00287	COMMODITY NO: 5142-359-6020 SURVEY LINE NO: 00081 PORK FRITTER, BREADED, CHOPPETTE, 3 OZ. EACH, FULLY COOKED, FROZEN, 64 PATTIES/ CASE. PORK PATTY SHALL BE SEASONED, CHOP-SHAPED & BREADED. THE PRODUCT SHALL BE MACHINE FORMED & MECHANICALLY BATTERED & BREADED TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL & IMMEDIATELY FROZEN. THE PORK PATTY SHALL CONSIST OF OT LESS THAN 80% PORK MEAT & NOT MORE THAN 5% VEGETABLE PROTEIN OR OTHER EXTENDER. COMPOSITION - *70% SEASONED PORK, 30% BATTER & BREADING. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____	60	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00288	DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 60.000	72	LB	_____	_____
	COMMODITY NO: 5142-359-6020 SURVEY LINE NO: 00081 PORK FRITTER, BREADED, CHOPPETTE, 3 OZ. EACH, FULLY COOKED, FROZEN, 64 PATTIES/ CASE. PORK PATTY SHALL BE SEASONED, CHOP- SHAPED & BREADED. THE PRODUCT SHALL BE MACHINE FORMED & MECHANICALLY BATTERED & BREADED TO ASSURE MAXIMUM ASEPTIC STAN- DARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL & IMMEDIATELY FROZEN. THE PORK PATTY SHALL CONSIST OF OT LESS THAN 80% PORK MEAT & NOT MORE THAN 5% VEGETABLE PROTEIN OR OTHER EXTENDER. COMPOSITION - *70% SEASONED PORK, 30% BATTER & BREAD- ING. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 24.000 FEB 09 24.000 MAR 09 24.000				
00289	COMMODITY NO: 5142-359-5022 SURVEY LINE NO: 00082 RIBETTE, BONELESS PORK PATTY, 3 OZ, 100% BONELESS PORK (NO SOY PROTEIN ADDITIVES) FULLY COOKED, FROZEN. RIB SHAPED, LIGHTLY SEASONED WITH LIQUID SMOKE. 3 OZ. PORTION. NO SAUCE., 13.5 LBS/CS. BRAND NAME _____ SIZE OF PATTY _____	400	LB	_____	_____

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00290	PORTIONS PER CS. _____ NET WEIGHT/CASE _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 FEB 09 400.000	100	LB	_____	_____
	COMMODITY NO: 5142-359-5022 SURVEY LINE NO: 00082 RIBETTE, BONELESS PORK PATTY, 3 OZ, 100% BONELESS PORK (NO SOY PROTEIN ADDITIVES) FULLY COOKED, FROZEN. RIB SHAPED, LIGHTLY SEASONED WITH LIQUID SMOKE. 3 OZ. PORTION. NO SAUCE., 13.5 LBS/CS. BRAND NAME _____ SIZE OF PATTY _____ PORTIONS PER CS. _____ NET WEIGHT/CASE _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 100.000			_____	_____
00291	COMMODITY NO: 5142-359-5022 SURVEY LINE NO: 00082 RIBETTE, BONELESS PORK PATTY, 3 OZ, 100% BONELESS PORK (NO SOY PROTEIN ADDITIVES) FULLY COOKED, FROZEN. RIB SHAPED, LIGHTLY SEASONED WITH LIQUID SMOKE. 3 OZ. PORTION. NO SAUCE., 13.5 LBS/CS. BRAND NAME _____ SIZE OF PATTY _____ PORTIONS PER CS. _____ NET WEIGHT/CASE _____ DELIVERY: 44450-D01	60	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00292	DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 60.000 COMMODITY NO: 5142-359-5022 SURVEY LINE NO: 00082 RIBETTE, BONELESS PORK PATTY, 3 OZ, 100% BONELESS PORK (NO SOY PROTEIN ADDITIVES) FULLY COOKED, FROZEN. RIB SHAPED, LIGHTLY SEASONED WITH LIQUID SMOKE. 3 OZ. PORTION. NO SAUCE., 13.5 LBS/CS. BRAND NAME _____ SIZE OF PATTY _____ PORTIONS PER CS. _____ NET WEIGHT/CASE _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 27.000 FEB 09 27.000 MAR 09 27.000	81	LB	_____	_____
	_____			_____	
00293	COMMODITY NO: 5142-359-5022 SURVEY LINE NO: 00082 RIBETTE, BONELESS PORK PATTY, 3 OZ, 100% BONELESS PORK (NO SOY PROTEIN ADDITIVES) FULLY COOKED, FROZEN. RIB SHAPED, LIGHTLY SEASONED WITH LIQUID SMOKE. 3 OZ. PORTION. NO SAUCE., 13.5 LBS/CS. BRAND NAME _____ SIZE OF PATTY _____ PORTIONS PER CS. _____ NET WEIGHT/CASE _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD CENTRALIA, IL 62801-5836	100	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00294	FEB 09 100.000 COMMODITY NO: 5142-359-5022 SURVEY LINE NO: 00082 RIBETTE, BONELESS PORK PATTY, 3 OZ, 100% BONELESS PORK (NO SOY PROTEIN ADDITIVES) FULLY COOKED, FROZEN. RIB SHAPED, LIGHTLY SEASONED WITH LIQUID SMOKE. 3 OZ. PORTION. NO SAUCE., 13.5 LBS/CS. BRAND NAME _____ SIZE OF PATTY _____ PORTIONS PER CS. _____ NET WEIGHT/CASE _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901	135	LB	_____	_____
	JAN 09 67.500 FEB 09 67.500				
00295	COMMODITY NO: 5142-359-5022 SURVEY LINE NO: 00082 RIBETTE, BONELESS PORK PATTY, 3 OZ, 100% BONELESS PORK (NO SOY PROTEIN ADDITIVES) FULLY COOKED, FROZEN. RIB SHAPED, LIGHTLY SEASONED WITH LIQUID SMOKE. 3 OZ. PORTION. NO SAUCE., 13.5 LBS/CS. BRAND NAME _____ SIZE OF PATTY _____ PORTIONS PER CS. _____ NET WEIGHT/CASE _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301	250	LB	_____	_____
	JAN 09 125.000 FEB 09 125.000				
00296	COMMODITY NO: 5142-359-9089	180	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	SURVEY LINE NO: 00083 PORK, CHOPPETTE, 3 - 4 OZ PATTY. 60/CS. UNBREADED FULLY COOKED. PORK PATTY SHALL BE SEASONED AND CHOP SHAPED. THE PRODUCT SHALL BE MACHINE FORMED AND IMMEDIATELY FROZEN. THE PORK PATTY SHALL CONSIST OF NOT LESS THAN 80% PORK MEAT AND NOT MORE THAN 5% VEGETABLE PROTEIN OR OTHER EXTENDER. 3 OZ. PATTIES FROZEN BRAND NAME _____ SIZE OF PATTY _____ PORTIONS PER CASE _____ NET WEIGHT/CASE _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 60.000 FEB 09 40.000 MAR 09 80.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.				
00297	COMMODITY NO: 5142-359-6030 SURVEY LINE NO: 00084 SAUSAGE PATTY, PORK, BROILED, 1 1/2 OZ EA FULLY COOKED, FROZEN, 156/CS, THE PRODUCT SHALL CONSIST OF NOT LESS THAN 72% PORK & NOT MORE THAN 4% VEGETABLE PROTEIN. BRAND NAME _____ NET WEIGHT/CASE _____ CASE COUNT _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 1,008.000	1008	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00298	COMMODITY NO: 5142-359-6030 SURVEY LINE NO: 00084 SAUSAGE PATTY, PORK, BROILED, 1 1/2 OZ EA FULLY COOKED, FROZEN, 156/CS, THE PRODUCT SHALL CONSIST OF NOT LESS THAN 72% PORK & NOT MORE THAN 4% VEGETABLE PROTEIN. BRAND NAME _____ NET WEIGHT/CASE _____ CASE COUNT _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 147.000	147	LB	_____	_____
00299	COMMODITY NO: 5142-359-6040 SURVEY LINE NO: 00085 PORK CRUMBLES, 5 LB. BAGS, 4 BAGS/CS. FROZEN, FULLY COOKED, PORK CRUMBLES SHALL CONSIST OF NOT LESS THAN 67.5% PORK. NET WEIGHT _____ BRAND NAME _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 100.000 FEB 09 100.000 MAR 09 100.000	300	LB	_____	_____
00300	COMMODITY NO: 5142-359-7001 SURVEY LINE NO: 00086 VEAL PARMIGIANA, 5 OZ. PORTIONS EACH, 4/6 POUND TRAYS PER CASE, FULLY COOKED FROZEN. GROUND VEAL PATTY BREADED WITH BREAD CRUMBS AND PARMESAN CHEESE, PLACED IN A TOMATO SAUCE AND TOPPED WITH MOZZARELLA CHEESE. COMPOSITION - *40% VEAL PATTY, 45% TOMATO SAUCE, 5% BATTER/BREADING, 10% CHEESE. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE.	72	LB	_____	_____

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00301	BRAND NAME _____ NET WEIGHT _____ TRAYS PER CASE _____ PORTION SIZE _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 72.000	1200	LB	_____	_____
	COMMODITY NO: 5142-359-7025 SURVEY LINE NO: 00087 VEAL PATTY, 4 OZ. EA., BREADED, FULLY COOKED, FROZEN, 40/CASE, PRODUCT SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. THE VEAL PATTY SHALL CONSIST OF NOT LESS THAN 72% VEAL, NOT MORE THAN 55% BEEF FAT, AND NOT MORE THAN 6% SOYA PROTEIN OR OTHER EXTENDER. COMPOSITION 73% VEAL PATTY, 27% BATTER/ BREADING SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 1,200.000			_____	_____
00302	COMMODITY NO: 5142-359-7025 SURVEY LINE NO: 00087 VEAL PATTY, 4 OZ. EA., BREADED, FULLY COOKED, FROZEN, 40/CASE, PRODUCT SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED TO ASSURE MAXIMUM	160	LB	_____	_____

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00303	ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. THE VEAL PATTY SHALL CONSIST OF NOT LESS THAN 72% VEAL, NOT MORE THAN 55% BEEF FAT, AND NOT MORE THAN 6% SOYA PROTEIN OR OTHER EXTENDER. COMPOSITION 73% VEAL PATTY, 27% BATTER/ BREADING SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 160.000	300	LB	_____	_____
	COMMODITY NO: 5142-359-7025 SURVEY LINE NO: 00087 VEAL PATTY, 4 OZ. EA., BREADED, FULLY COOKED, FROZEN, 40/CASE, PRODUCT SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. THE VEAL PATTY SHALL CONSIST OF NOT LESS THAN 72% VEAL, NOT MORE THAN 55% BEEF FAT, AND NOT MORE THAN 6% SOYA PROTEIN OR OTHER EXTENDER. COMPOSITION 73% VEAL PATTY, 27% BATTER/ BREADING SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 100.000 FEB 09 100.000 MAR 09 100.000				

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00304	COMMODITY NO: 5142-359-7025 SURVEY LINE NO: 00087 VEAL PATTY, 4 OZ. EA., BREADED, FULLY COOKED, FROZEN, 40/CASE, PRODUCT SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. THE VEAL PATTY SHALL CONSIST OF NOT LESS THAN 72% VEAL, NOT MORE THAN 55% BEEF FAT, AND NOT MORE THAN 6% SOYA PROTEIN OR OTHER EXTENDER. COMPOSITION 73% VEAL PATTY, 27% BATTER/ BREADING SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 40.000 MAR 09 40.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	80	LB	_____	_____
00305	COMMODITY NO: 5142-359-7025 SURVEY LINE NO: 00087 VEAL PATTY, 4 OZ. EA., BREADED, FULLY COOKED, FROZEN, 40/CASE, PRODUCT SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. THE VEAL PATTY SHALL CONSIST OF NOT LESS THAN 72% VEAL, NOT MORE THAN 55% BEEF FAT, AND NOT MORE THAN 6% SOYA PROTEIN OR OTHER EXTENDER. COMPOSITION 73% VEAL PATTY, 27% BATTER/ BREADING SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY:	60	LB	_____	_____

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00306	44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 60.000	300	LB	_____	_____
	COMMODITY NO: 5142-359-7025 SURVEY LINE NO: 00087 VEAL PATTY, 4 OZ. EA., BREADED, FULLY COOKED, FROZEN, 40/CASE, PRODUCT SHALL BE MACHINE FORMED AND MECHANICALLY BATTERED AND BREADED TO ASSURE MAXIMUM ASEPTIC STANDARDS, DEEP FRIED TO A GOLDEN BROWN IN A HIGHLY STABLE VEGETABLE OIL, DRAINED WELL AND IMMEDIATELY FROZEN. THE VEAL PATTY SHALL CONSIST OF NOT LESS THAN 72% VEAL, NOT MORE THAN 55% BEEF FAT, AND NOT MORE THAN 6% SOYA PROTEIN OR OTHER EXTENDER. COMPOSITION 73% VEAL PATTY, 27% BATTER/ BREADING SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 300.000			_____	_____
00307	COMMODITY NO: 5142-359-8000 SURVEY LINE NO: 00089 ONION RINGS, 3"-4 1/2"EA., 8-2 1/2 LB BAGS PER CASE., FROZEN, U.S. #1, JUMBO ONIONS MUST BE FIRM & BRIGHT, NEVER HAVING BEEN EXPOSED TO EXCESSIVE MOISTURE, HEAT OR COLD AFTER HARVESTING. BREADING SHALL CONSTITUTE 58-60% OF THE PRODUCTS. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES	100	LB	_____	_____

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00308	ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 100.000 COMMODITY NO: 5142-359-8000 SURVEY LINE NO: 00089 ONION RINGS,3"-4 1/2"EA.,8-2 1/2 LB BAGS PER CASE., FROZEN, U.S. #1, JUMBO ONIONS MUST BE FIRM & BRIGHT, NEVER HAVING BEEN EXPOSED TO EXCESSIVE MOISTURE, HEAT OR COLD AFTER HARVESTING. BREADING SHALL CONSTITUTE 58-60% OF THE PRODUCTS. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 80.000 FEB 09 80.000 MAR 09 100.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	260	LB	_____	_____
00309	COMMODITY NO: 5142-359-8000 SURVEY LINE NO: 00089 ONION RINGS,3"-4 1/2"EA.,8-2 1/2 LB BAGS PER CASE., FROZEN, U.S. #1, JUMBO ONIONS MUST BE FIRM & BRIGHT, NEVER HAVING BEEN EXPOSED TO EXCESSIVE MOISTURE, HEAT OR COLD AFTER HARVESTING. BREADING SHALL CONSTITUTE 58-60% OF THE PRODUCTS. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 160.000	160	LB	_____	_____

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00310	COMMODITY NO: 5142-359-8000 SURVEY LINE NO: 00089 ONION RINGS,3"-4 1/2"EA.,8-2 1/2 LB BAGS PER CASE., FROZEN, U.S. #1, JUMBO ONIONS MUST BE FIRM & BRIGHT, NEVER HAVING BEEN EXPOSED TO EXCESSIVE MOISTURE, HEAT OR COLD AFTER HARVESTING. BREADING SHALL CONSTITUTE 58-60% OF THE PRODUCTS. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 20.000 FEB 09 20.000 MAR 09 20.000	60	LB	_____	_____
00311	COMMODITY NO: 5142-359-8000 SURVEY LINE NO: 00089 ONION RINGS,3"-4 1/2"EA.,8-2 1/2 LB BAGS PER CASE., FROZEN, U.S. #1, JUMBO ONIONS MUST BE FIRM & BRIGHT, NEVER HAVING BEEN EXPOSED TO EXCESSIVE MOISTURE, HEAT OR COLD AFTER HARVESTING. BREADING SHALL CONSTITUTE 58-60% OF THE PRODUCTS. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 250.000 FEB 09 250.000	500	LB	_____	_____
00312	COMMODITY NO: 5142-359-8000 SURVEY LINE NO: 00089 ONION RINGS,3"-4 1/2"EA.,8-2 1/2 LB BAGS PER CASE., FROZEN, U.S. #1, JUMBO ONIONS MUST BE FIRM & BRIGHT, NEVER HAVING BEEN EXPOSED TO EXCESSIVE MOISTURE, HEAT OR COLD AFTER HARVESTING. BREADING SHALL CONSTITUTE 58-60% OF THE PRODUCTS.	120	LB	_____	_____

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00313	BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 120.000	180	LB	_____	_____
	COMMODITY NO: 5142-359-8000 SURVEY LINE NO: 00089 ONION RINGS,3"-4 1/2"EA.,8-2 1/2 LB BAGS PER CASE., FROZEN, U.S. #1, JUMBO ONIONS MUST BE FIRM & BRIGHT, NEVER HAVING BEEN EXPOSED TO EXCESSIVE MOISTURE, HEAT OR COLD AFTER HARVESTING. BREADING SHALL CONSTITUTE 58-60% OF THE PRODUCTS. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 180.000			_____	_____
00314	COMMODITY NO: 5142-359-8011 SURVEY LINE NO: 00090 POTATOES AU GRATIN, FULLY COOKED, FROZEN POTATOES IN A CREAM SAUCE WITH A BREAD CRUMB & GRATED CHEESE TOPPING. 4/6 LB. TRAYS PER CASE. BRAND NAME _____ NET WEIGHT _____ TRAYS PER CASE _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 300.000	300	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00315	COMMODITY NO: 5142-359-8012 SURVEY LINE NO: 00091 POTATO AND CHEESE, FULLY COOKED, FROZEN, 288/1.4 OZ PER CASE OR 4 6.3 LB PER CASE PIEROGI'S OR APPROVED EQUAL MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 FEB 09 22.000	22	CASE	_____	_____
00316	COMMODITY NO: 5142-359-8013 SURVEY LINE NO: 00092 POTATOES, OVEN ROASTED, RED SKIN POTATOES WITH ROSEMARY, ONIONS AND PEPPERS, FULLY COOKED, FROZEN. 6/2.5 LB PER CASE SIMPLOT OR APPROVED EQUAL. BRAND _____ NET WEIGHT/CASE _____ CASE COUNT: _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 45.000 MAR 09 45.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	90	LB	_____	_____
00317	COMMODITY NO: 5142-359-8013	120	LB	_____	_____

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00318	SURVEY LINE NO: 00092 POTATOES, OVEN ROASTED, RED SKIN POTATOES WITH ROSEMARY, ONIONS AND PEPPERS, FULLY COOKED, FROZEN. 6/2.5 LB PER CASE SIMPLOT OR APPROVED EQUAL. BRAND _____ NET WEIGHT/CASE _____ CASE COUNT: _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 120.000	90	LB	_____	_____
	COMMODITY NO: 5142-359-8013 SURVEY LINE NO: 00092 POTATOES, OVEN ROASTED, RED SKIN POTATOES WITH ROSEMARY, ONIONS AND PEPPERS, FULLY COOKED, FROZEN. 6/2.5 LB PER CASE SIMPLOT OR APPROVED EQUAL. BRAND _____ NET WEIGHT/CASE _____ CASE COUNT: _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 30.000 FEB 09 30.000 MAR 09 30.000			_____	_____
00319	COMMODITY NO: 5142-359-8013 SURVEY LINE NO: 00092 POTATOES, OVEN ROASTED, RED SKIN POTATOES WITH ROSEMARY, ONIONS AND PEPPERS, FULLY COOKED, FROZEN. 6/2.5 LB PER CASE SIMPLOT OR APPROVED EQUAL.	7.5	LB	_____	_____

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00320	BRAND _____ NET WEIGHT/CASE _____ CASE COUNT: _____ DELIVERY: 49718-03 DEPT OF VETERANS' AFFAIRS ANNA VETERANS' HOME ATTN: HOME ADMINISTRATOR 792 NORTH MAIN ANNA, IL 62906 JAN 09 2.500 FEB 09 2.500 MAR 09 2.500	40	LB	_____	_____
	COMMODITY NO: 5142-359-9020 SURVEY LINE NO: 00093 RAVIOLI, BEEF,.65 OZ.EACH, FROZEN, FULLY COOKED. SEASONED GROUND BEEF & CHEESE ENCASED IN SMALL SQUARE PILLOWS OF DOUGH WITH A TOMATO SAUCE. MEAT IN FILL SHALL BE NOT LESS THAN 14% LEAN BEEF. THE MEAT FILL SHALL BE 26% OF THE TOTAL PRODUCT. 10 LB/CARTON BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 MAR 09 40.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTE THE FOLLOWING MONTH.				
00321	COMMODITY NO: 5142-359-9020 SURVEY LINE NO: 00093 RAVIOLI, BEEF,.65 OZ.EACH, FROZEN, FULLY COOKED. SEASONED GROUND BEEF & CHEESE ENCASED IN SMALL SQUARE PILLOWS OF DOUGH WITH A TOMATO SAUCE. MEAT IN FILL SHALL BE NOT LESS THAN 14% LEAN BEEF. THE MEAT FILL SHALL BE 26% OF THE TOTAL PRODUCT. 10 LB/CARTON BRAND NAME _____	90	LB	_____	_____

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00322	NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 30.000 FEB 09 30.000 MAR 09 30.000	20	LB	_____	_____
	COMMODITY NO: 5142-359-9020 SURVEY LINE NO: 00093 RAVIOLI, BEEF, .65 OZ.EACH, FROZEN, FULLY COOKED. SEASONED GROUND BEEF & CHEESE ENCASED IN SMALL SQUARE PILLOWS OF DOUGH WITH A TOMATO SAUCE. MEAT IN FILL SHALL BE NOT LESS THAN 14% LEAN BEEF. THE MEAT FILL SHALL BE 26% OF THE TOTAL PRODUCT. 10 LB/CARTON BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD CENTRALIA, IL 62801-5836 JAN 09 20.000			_____	_____
00323	COMMODITY NO: 5142-359-9041 SURVEY LINE NO: 00094 LASAGNA, MEAT, FULLY COOKED, FROZEN, CURLY EDGED LASAGNA NOODLES LAYERED WITH AN ITALIAN SEASONED TOMATO MEAT SAUCE CONTAINING DRY CURD COTTAGE CHEESE OR RICOTTA AND A BLEND OF MOZZARELLA AND PARMESAN CHEESE. NATURAL CHEESE TOPPING ADDS A BAKED APPEARANCE. 4/96 OZ. TRAYS PER CASE. STOUFFER'S, MONA'S, CON AGRA OR APPROVED EQUAL. BRAND NAME _____ NET WEIGHT _____	24	CASE	_____	_____

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00324	TRAYS PER CASE _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 8.000 FEB 09 8.000 MAR 09 8.000	4	CASE	_____	_____
	COMMODITY NO: 5142-359-9041 SURVEY LINE NO: 00094 LASAGNA, MEAT, FULLY COOKED, FROZEN, CURLY EDGED LASAGNA NOODLES LAYERED WITH AN ITALIAN SEASONED TOMATO MEAT SAUCE CONTAINING DRY CURD COTTAGE CHEESE OR RICOTTA AND A BLEND OF MOZZARELLA AND PARMESAN CHEESE. NATURAL CHEESE TOPPING ADDS A BAKED APPEARANCE. 4/96 OZ. TRAYS PER CASE. STOUFFER'S, MONA'S, CON AGRA OR APPROVED EQUAL. BRAND NAME _____ NET WEIGHT _____ TRAYS PER CASE _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 4.000			_____	_____
00325	COMMODITY NO: 5142-359-9041 SURVEY LINE NO: 00094 LASAGNA, MEAT, FULLY COOKED, FROZEN, CURLY EDGED LASAGNA NOODLES LAYERED WITH AN ITALIAN SEASONED TOMATO MEAT SAUCE CONTAINING DRY CURD COTTAGE CHEESE OR RICOTTA AND A BLEND OF MOZZARELLA AND PARMESAN CHEESE. NATURAL CHEESE TOPPING ADDS A BAKED APPEARANCE. 4/96 OZ. TRAYS PER CASE. STOUFFER'S, MONA'S, CON AGRA OR APPROVED EQUAL. BRAND NAME _____	20	CASE	_____	_____

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00326	NET WEIGHT _____ TRAYS PER CASE _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 20.000	10	CASE	_____	_____
	COMMODITY NO: 5142-359-9041 SURVEY LINE NO: 00094 LASAGNA, MEAT, FULLY COOKED, FROZEN, CURLY EDGED LASAGNA NOODLES LAYERED WITH AN ITALIAN SEASONED TOMATO MEAT SAUCE CONTAINING DRY CURD COTTAGE CHEESE OR RICOTTA AND A BLEND OF MOZZARELLA AND PARMESAN CHEESE. NATURAL CHEESE TOPPING ADDS A BAKED APPEARANCE. 4/96 OZ. TRAYS PER CASE. STOUFFER'S, MONA'S, CON AGRA OR APPROVED EQUAL. BRAND NAME _____ NET WEIGHT _____ TRAYS PER CASE _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 10.000			_____	_____
00327	COMMODITY NO: 5142-359-0104 SURVEY LINE NO: 00095 LASAGNA, VEGETABLE, FULLY COOKED, FROZEN PACKED 4/101 1/2 OZ. TRAYS PER CASE. CURLY AL DENTE LASAGNA NOODLES LAYERED WITH A SPINACH AND RICOTTA CHEESE FILLING; IN CREAM SAUCE WITH SHOE-STRING CARROTS; SEASONED WITH GARLIC AND ONION; TOPPED WITH PARMESAN CRUMB TOPPING. STOUFFERS, MONA'S OR APPROVED EQUAL. MFR./BRAND _____	2	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00328	CASE COUNT _____ NET WEIGHT/CASE: _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 1.000 FEB 09 1.000	8	CASE	_____	_____
	COMMODITY NO: 5142-359-0104 SURVEY LINE NO: 00095 LASAGNA, VEGETABLE, FULLY COOKED, FROZEN PACKED 4/101 1/2 OZ. TRAYS PER CASE. CURLY AL DENTE LASAGNA NOODLES LAYERED WITH A SPINACH AND RICOTTA CHEESE FILLING; IN CREAM SAUCE WITH SHOE- STRING CARROTS; SEASONED WITH GARLIC AND ONION; TOPPED WITH PARMESAN CRUMB TOPPING. STOUFFERS, MONA'S OR APPROVED EQUAL. MFR./BRAND _____ CASE COUNT _____ NET WEIGHT/CASE: _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 3.000 MAR 09 5.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.			_____	_____
00329	COMMODITY NO: 5142-359-0104 SURVEY LINE NO: 00095 LASAGNA, VEGETABLE, FULLY COOKED, FROZEN PACKED 4/101 1/2 OZ. TRAYS PER CASE. CURLY AL DENTE LASAGNA NOODLES LAYERED WITH A SPINACH AND RICOTTA CHEESE FILLING; IN CREAM SAUCE WITH SHOE- STRING CARROTS; SEASONED WITH GARLIC AND ONION; TOPPED WITH PARMESAN CRUMB TOPPING.	2	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00330	STOUFFERS, MONA'S OR APPROVED EQUAL. MFR./BRAND _____ CASE COUNT _____ NET WEIGHT/CASE: _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 2.000	5	CASE	_____	_____
	COMMODITY NO: 5142-359-0104 SURVEY LINE NO: 00095 LASAGNA, VEGETABLE, FULLY COOKED, FROZEN PACKED 4/101 1/2 OZ. TRAYS PER CASE. CURLY AL DENTE LASAGNA NOODLES LAYERED WITH A SPINACH AND RICOTTA CHEESE FILLING; IN CREAM SAUCE WITH SHOE- STRING CARROTS; SEASONED WITH GARLIC AND ONION; TOPPED WITH PARMESAN CRUMB TOPPING. STOUFFERS, MONA'S OR APPROVED EQUAL. MFR./BRAND _____ CASE COUNT _____ NET WEIGHT/CASE: _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 5.000			_____	_____
00331	COMMODITY NO: 5142-359-0103 SURVEY LINE NO: 00096 RIGATONI WITH MEAT SAUCE, FULLY COOKED, FROZEN, PACKED 4/96 OZ. TRAYS PER CASE. RIBBED RIGATONI PASTA AND SEASONED GROUND BEEF IN AN ITALIAN TOMATO SAUCE, TOPPED WITH MOZZARELLA AND PARMESAN CHEESE. CONTAINS MORE THAN 8% MEAT. STOUFFERS, MONA'S OR APPROVED EQUAL.	6	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00332	MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 3.000 MAR 09 3.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	60	LB	_____	_____
	COMMODITY NO: 5142-359-9050 SURVEY LINE NO: 00097 MANICOTTI W/O SAUCE, 3 OZ., 5.6 LB/CS FROZEN, LARGE TUBES OF PASTA STUFFED WITH A MIXTURE OF RICOTTA OR COTTAGE CHEESE, SPICES AND HERBS, AND EGGS. BRAND NAME _____ NET WEIGHT/CASE _____ CASE COUNT _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 60.000			_____	_____
00333	COMMODITY NO: 5142-359-9050 SURVEY LINE NO: 00097 MANICOTTI W/O SAUCE, 3 OZ., 5.6 LB/CS FROZEN, LARGE TUBES OF PASTA STUFFED WITH A MIXTURE OF RICOTTA OR COTTAGE CHEESE, SPICES AND HERBS, AND EGGS. BRAND NAME _____ NET WEIGHT/CASE _____ CASE COUNT _____ DELIVERY: 44439-WF1	80	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00334	DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 40.000 MAR 09 40.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	40	LB	_____	_____
	COMMODITY NO: 5142-359-9050 SURVEY LINE NO: 00097 MANICOTTI W/O SAUCE, 3 OZ., 5.6 LB/CS FROZEN, LARGE TUBES OF PASTA STUFFED WITH A MIXTURE OF RICOTTA OR COTTAGE CHEESE, SPICES AND HERBS, AND EGGS. BRAND NAME _____ NET WEIGHT/CASE _____ CASE COUNT _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 40.000				
00335	COMMODITY NO: 5142-359-7040 SURVEY LINE NO: 00098 SHELLS, STUFFED WITH SAUCE, 5.9 OZ. EA. SERVING (2 SHELLS), 48 PORTIONS/CASE, NET CASE WEIGHT 17 LB. 11 OZ., 6 PORTIONS PER TRAY, 8 TRAYS PER CASE. MFR./BRAND _____ TRAYS PER CASE _____ PORTIONS PER TRAY _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 40.000 MAR 09 60.000	100	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00336	ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH. COMMODITY NO: 5142-359-7040 SURVEY LINE NO: 00098 SHELLS, STUFFED WITH SAUCE, 5.9 OZ. EA. SERVING (2 SHELLS), 48 PORTIONS/CASE, NET CASE WEIGHT 17 LB. 11 OZ., 6 PORTIONS PER TRAY, 8 TRAYS PER CASE. MFR./BRAND _____ TRAYS PER CASE _____ PORTIONS PER TRAY _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 4.000	4	CASE	_____	_____
00337	COMMODITY NO: 5142-359-0095 SURVEY LINE NO: 00099 CHEESE TORTELLINI, UNCOOKED, FROZEN, APPROXIMATELY 95 PER POUND. 10 LB/CASE BRAND _____ NET WEIGHT/CASE _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 100.000	100	LB	_____	_____
00338	COMMODITY NO: 5142-359-0095 SURVEY LINE NO: 00099 CHEESE TORTELLINI, UNCOOKED, FROZEN, APPROXIMATELY 95 PER POUND. 10 LB/CASE BRAND _____	40	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00339	NET WEIGHT/CASE _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 40.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	60	LB	_____	_____
	COMMODITY NO: 5142-359-0095 SURVEY LINE NO: 00099 CHEESE TORTELLINI, UNCOOKED, FROZEN, APPROXIMATELY 95 PER POUND. 10 LB/CASE BRAND _____ NET WEIGHT/CASE _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 20.000 FEB 09 20.000 MAR 09 20.000			_____	_____
00340	COMMODITY NO: 5142-359-0095 SURVEY LINE NO: 00099 CHEESE TORTELLINI, UNCOOKED, FROZEN, APPROXIMATELY 95 PER POUND. 10 LB/CASE BRAND _____ NET WEIGHT/CASE _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 100.000 FEB 09 200.000	300	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00341	COMMODITY NO: 5142-359-0095 SURVEY LINE NO: 00099 CHEESE TORTELLINI, UNCOOKED, FROZEN, APPROXIMATELY 95 PER POUND. 10 LB/CASE BRAND _____ NET WEIGHT/CASE _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 60.000	60	LB	_____	_____
00342	COMMODITY NO: 5142-359-9100 SURVEY LINE NO: 00100 PEPPERS, STUFFED, GREEN, 4 1/4-5 OZ. EA. FULLY COOKED, FROZEN, PRODUCT SHALL BE A GREEN BELL PEPPER STUFFED WITH A BEEF & RICE MIXTURE COVERED WITH A TOMATO SAUCE. EACH STUFFED GREEN BELL PEPPER SHALL CONSIST OF NOT LESS THAN 2 OZ. PEPPER, 3 OZ. MEAT MIXTURE AND 3 OZ. SAUCE. THE PRODUCT SHALL NOT FALL APART. SHALL HAVE A MINIMUM OF 12% MEAT. 4/94 OZ. TRAYS PER CASE. BRAND NAME _____ NET WEIGHT _____ TRAYS PER CASE _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 120.000	120	LB	_____	_____
00343	COMMODITY NO: 5142-359-9100 SURVEY LINE NO: 00100 PEPPERS, STUFFED, GREEN, 4 1/4-5 OZ. EA. FULLY COOKED, FROZEN, PRODUCT SHALL BE A GREEN BELL PEPPER STUFFED WITH A BEEF & RICE MIXTURE COVERED WITH A TOMATO SAUCE. EACH STUFFED GREEN BELL	240	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	PEPPER SHALL CONSIST OF NOT LESS THAN 2 OZ. PEPPER, 3 OZ. MEAT MIXTURE AND 3 OZ. SAUCE. THE PRODUCT SHALL NOT FALL APART. SHALL HAVE A MINIMUM OF 12% MEAT. 4/94 OZ. TRAYS PER CASE. BRAND NAME _____ NET WEIGHT _____ TRAYS PER CASE _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 80.000 FEB 09 80.000 MAR 09 80.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.				
00344	COMMODITY NO: 5142-359-9100 SURVEY LINE NO: 00100 PEPPERS, STUFFED, GREEN, 4 1/4-5 OZ. EA. FULLY COOKED, FROZEN, PRODUCT SHALL BE A GREEN BELL PEPPER STUFFED WITH A BEEF & RICE MIXTURE COVERED WITH A TOMATO SAUCE. EACH STUFFED GREEN BELL PEPPER SHALL CONSIST OF NOT LESS THAN 2 OZ. PEPPER, 3 OZ. MEAT MIXTURE AND 3 OZ. SAUCE. THE PRODUCT SHALL NOT FALL APART. SHALL HAVE A MINIMUM OF 12% MEAT. 4/94 OZ. TRAYS PER CASE. BRAND NAME _____ NET WEIGHT _____ TRAYS PER CASE _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 48.000	48	LB	_____	_____
00345	COMMODITY NO: 5142-359-9100 SURVEY LINE NO: 00100	200	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00346	PEPPERS, STUFFED, GREEN, 4 1/4-5 OZ. EA. FULLY COOKED, FROZEN, PRODUCT SHALL BE A GREEN BELL PEPPER STUFFED WITH A BEEF & RICE MIXTURE COVERED WITH A TOMATO SAUCE. EACH STUFFED GREEN BELL PEPPER SHALL CONSIST OF NOT LESS THAN 2 OZ. PEPPER, 3 OZ. MEAT MIXTURE AND 3 OZ. SAUCE. THE PRODUCT SHALL NOT FALL APART. SHALL HAVE A MINIMUM OF 12% MEAT. 4/94 OZ. TRAYS PER CASE. BRAND NAME _____ NET WEIGHT _____ TRAYS PER CASE _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 200.000	50	LB	_____	_____
	COMMODITY NO: 5142-359-9110 SURVEY LINE NO: 00101 CABBAGE ROLLS, STUFFED, 4.25 - 5 OZ. EA. FULLY COOKED, FROZEN, THE PRODUCT SHALL NOT FALL APART. CABBAGE LEAVES FILLED WITH A BEEF, RICE & TOMATO MIXTURE & COVERED WITH A TOMATO SAUCE. COMPOSITION - 40% CABBAGE, 23% BEEF, 17% RICE, 20% OTHER. 20 TO 30 LB/CASE BRAND NAME _____ NET WEIGHT _____ TRAYS PER CASE _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 50.000			_____	_____
00347	COMMODITY NO: 5142-359-9110 SURVEY LINE NO: 00101 CABBAGE ROLLS, STUFFED, 4.25 - 5 OZ. EA. FULLY COOKED, FROZEN, THE PRODUCT SHALL NOT FALL APART. CABBAGE LEAVES FILLED WITH A BEEF, RICE & TOMATO MIXTURE	300	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00348	& COVERED WITH A TOMATO SAUCE. COMPOSITION - 40% CABBAGE, 23% BEEF, 17% RICE, 20% OTHER. 20 TO 30 LB/CASE BRAND NAME _____ NET WEIGHT _____ TRAYS PER CASE _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 100.000 FEB 09 100.000 MAR 09 100.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	24	LB	_____	_____
	COMMODITY NO: 5142-359-9110 SURVEY LINE NO: 00101 CABBAGE ROLLS, STUFFED, 4.25 - 5 OZ. EA. FULLY COOKED, FROZEN, THE PRODUCT SHALL NOT FALL APART. CABBAGE LEAVES FILLED WITH A BEEF, RICE & TOMATO MIXTURE & COVERED WITH A TOMATO SAUCE. COMPOSITION - 40% CABBAGE, 23% BEEF, 17% RICE, 20% OTHER. 20 TO 30 LB/CASE BRAND NAME _____ NET WEIGHT _____ TRAYS PER CASE _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 24.000			_____	_____
00349	COMMODITY NO: 5142-359-9160 SURVEY LINE NO: 00102 POT PIE, BEEF, 7 OR 8 OZ. , READY TO BAKE, FROZEN, 24 PER CASE. EACH PIE SHALL CONSIST OF BEEF PIECES, VEGETABLES & SAUCE IN A PASTRY SHELL & TOPPED WITH A PASTRY CRUST.	10	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00350	COMPOSITION - *17.5% BEEF, 15% VEGETABLES, 20% PASTRY, 47.5% GRAVY. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 10.000	1	CASE	_____	_____
	COMMODITY NO: 5142-359-9160 SURVEY LINE NO: 00102 POT PIE, BEEF, 7 OR 8 OZ. , READY TO BAKE, FROZEN, 24 PER CASE. EACH PIE SHALL CONSIST OF BEEF PIECES, VEGETABLES & SAUCE IN A PASTRY SHELL & TOPPED WITH A PASTRY CRUST. COMPOSITION - *17.5% BEEF, 15% VEGETABLES, 20% PASTRY, 47.5% GRAVY. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 1.000			_____	_____
00351	COMMODITY NO: 5142-359-9160 SURVEY LINE NO: 00102 POT PIE, BEEF, 7 OR 8 OZ. , READY TO BAKE, FROZEN, 24 PER CASE. EACH PIE SHALL CONSIST OF BEEF PIECES, VEGETABLES & SAUCE IN A PASTRY SHELL & TOPPED WITH A PASTRY CRUST. COMPOSITION - *17.5% BEEF, 15%	10	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00352	VEGETABLES, 20% PASTRY, 47.5% GRAVY. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 MAR 09 10.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	10	CASE	_____	_____
	COMMODITY NO: 5142-359-9170 SURVEY LINE NO: 00103 POT PIE, CHICKEN, 7 OR 8 OZ. READY TO BAKE, FROZEN, 24 PER CASE, EACH PIE SHALL CONTAIN CHICKEN PIECES, VEGETABLES & SAUCE IN A PASTRY SHELL & TOPPED WITH A PASTRY CRUST. COMPOSITION - *16% CHICKEN, 8% VEGETABLES, 20% PASTRY, 56% GRAVY. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 10.000			_____	_____
00353	COMMODITY NO: 5142-359-9170 SURVEY LINE NO: 00103 POT PIE, CHICKEN, 7 OR 8 OZ. READY TO BAKE, FROZEN, 24 PER CASE, EACH PIE	10	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00354	SHALL CONTAIN CHICKEN PIECES, VEGETABLES & SAUCE IN A PASTRY SHELL & TOPPED WITH A PASTRY CRUST. COMPOSITION - *16% CHICKEN, 8% VEGETABLES, 20% PASTRY, 56% GRAVY. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 10.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	24	CASE	_____	_____
	COMMODITY NO: 5142-359-9170 SURVEY LINE NO: 00103 POT PIE, CHICKEN, 7 OR 8 OZ. READY TO BAKE, FROZEN, 24 PER CASE, EACH PIE SHALL CONTAIN CHICKEN PIECES, VEGETABLES & SAUCE IN A PASTRY SHELL & TOPPED WITH A PASTRY CRUST. COMPOSITION - *16% CHICKEN, 8% VEGETABLES, 20% PASTRY, 56% GRAVY. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 24.000			_____	_____
00355	COMMODITY NO: 5142-359-9170	48	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00356	SURVEY LINE NO: 00103 POT PIE, CHICKEN, 7 OR 8 OZ. READY TO BAKE, FROZEN, 24 PER CASE, EACH PIE SHALL CONTAIN CHICKEN PIECES, VEGETABLES & SAUCE IN A PASTRY SHELL & TOPPED WITH A PASTRY CRUST. COMPOSITION - *16% CHICKEN, 8% VEGETABLES, 20% PASTRY, 56% GRAVY. *SHALL BE THE MINIMUM AMOUNT ACCEPTABLE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 48.000	2	CASE	_____	_____
	COMMODITY NO: 5142-359-9220 SURVEY LINE NO: 00104 BURRITOS, BEAN & CHEESE, 4 OZ., FROZEN, PRODUCT SHALL BE FILLING OF BEANS & CHEESE ENCASED IN A FLOUR TORTILLA. THE PRODUCT SHALL CONTAIN NOT LESS THAN 30% CHEESE. FILLING OF COOKED BEANS AND CHEESE IS 2-1/2 OZ. BEAN & CHEESE BURRITO SHALL CONSIST OF FLOUR TORTILLA, BEANS, CHEESE, SPICES OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. FILLING COMPOSITION 1.10 OZ. COOKED BEANS, .800 OZ. CHEESE, .34 OZ. TVP. 120/CS. BRAND NAME _____ NET WEIGHT PER BURRITO _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 2.000				

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00357	COMMODITY NO: 5142-359-9220 SURVEY LINE NO: 00104 BURRITOS, BEAN & CHEESE, 4 OZ., FROZEN, PRODUCT SHALL BE FILLING OF BEANS & CHEESE ENCASED IN A FLOUR TORTILLA. THE PRODUCT SHALL CONTAIN NOT LESS THAN 30% CHEESE. FILLING OF COOKED BEANS AND CHEESE IS 2-1/2 OZ. BEAN & CHEESE BURRITO SHALL CONSIST OF FLOUR TORTILLA, BEANS, CHEESE, SPICES OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. FILLING COMPOSITION 1.10 OZ. COOKED BEANS, .800 OZ. CHEESE, .34 OZ. TVP. 120/CS. BRAND NAME _____ NET WEIGHT PER BURRITO _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 36.000	36	CASE	_____	_____
00358	COMMODITY NO: 5142-359-9061 SURVEY LINE NO: 00105 BURRITOS, BEAN & BEEF, 4 OZ., 120/CS. PRODUCT SHALL BE FILLING OF BEEF & BEANS ENCASED IN A FLOUR TORTILLA. THE PRODUCT SHALL CONTAIN NOT LESS THAN 30.0% BEEF. FILLING OF COOKED BEEF & BEANS IS 2-1/2 OZ. BEAN & BEEF BURRITO SHALL CONSIST OF FLOUR TORTILLA, BEEF, BEANS, SPICES, OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. FILLING COMPOSITION - 1.10 OZ. COOKED BEANS, .800 OZ. MEAT, .34 OZ. TVP. NET WEIGHT PER BURRITO _____ CASE COUNT _____ BRAND NAME _____ PRICE/SERVING _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER	30	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00359	1000 N. MAIN STREET ANNA, IL 62906 JAN 09 10.000 FEB 09 10.000 MAR 09 10.000	15	CASE	_____	_____
	COMMODITY NO: 5142-359-9061 SURVEY LINE NO: 00105 BURRITOS, BEAN & BEEF, 4 OZ., 120/CS. PRODUCT SHALL BE FILLING OF BEEF & BEANS ENCASED IN A FLOUR TORTILLA. THE PRODUCT SHALL CONTAIN NOT LESS THAN 30.0% BEEF. FILLING OF COOKED BEEF & BEANS IS 2-1/2 OZ. BEAN & BEEF BURRITO SHALL CONSIST OF FLOUR TORTILLA, BEEF, BEANS, SPICES, OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. FILLING COMPOSITION - 1.10 OZ. COOKED BEANS, .800 OZ. MEAT, .34 OZ. TVP. NET WEIGHT PER BURRITO _____ CASE COUNT _____ BRAND NAME _____ PRICE/SERVING _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 FEB 09 15.000			_____	_____
00360	COMMODITY NO: 5142-359-9066 SURVEY LINE NO: 00106 BURRITOS, BEEF, 4 OZ., 120 COUNT, FROZEN PRODUCT SHALL BE FILLING OF BEEF ENCASED IN A FLOUR TORTILLA. BEEF BURRITO SHALL CONSIST OF FLOUR TORTILLA, SPICES OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. NET WEIGHT PER BURRITO _____ CASE COUNT _____ BRAND NAME _____ PRICE/SERVING _____ DELIVERY: 44414-YV1	30	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00361	DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 30.000	2	CASE	_____	_____
	COMMODITY NO: 5142-359-9066 SURVEY LINE NO: 00106 BURRITOS, BEEF, 4 OZ., 120 COUNT, FROZEN PRODUCT SHALL BE FILLING OF BEEF ENCASED IN A FLOUR TORTILLA. BEEF BURRITO SHALL CONSIST OF FLOUR TORTILLA, SPICES OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. NET WEIGHT PER BURRITO _____ CASE COUNT _____ BRAND NAME _____ PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 2.000				
00362	COMMODITY NO: 5142-359-9066 SURVEY LINE NO: 00106 BURRITOS, BEEF, 4 OZ., 120 COUNT, FROZEN PRODUCT SHALL BE FILLING OF BEEF ENCASED IN A FLOUR TORTILLA. BEEF BURRITO SHALL CONSIST OF FLOUR TORTILLA, SPICES OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. NET WEIGHT PER BURRITO _____ CASE COUNT _____ BRAND NAME _____ PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650	1	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00363	JAN 09 1.000 COMMODITY NO: 5142-359-9066 SURVEY LINE NO: 00106 BURRITOS, BEEF, 4 OZ., 120 COUNT, FROZEN PRODUCT SHALL BE FILLING OF BEEF ENCASED IN A FLOUR TORTILLA. BEEF BURRITO SHALL CONSIST OF FLOUR TORTILLA, SPICES OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. NET WEIGHT PER BURRITO_____ CASE COUNT_____ BRAND NAME_____ PRICE/SERVING_____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33	5	CASE	_____	_____
00364	JAN 09 5.000 COMMODITY NO: 5142-359-9240 SURVEY LINE NO: 00108 TAMALES, 3 OZ. EA., FROZEN, 30/BAG, 4 BAGS/CS., BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME_____ NET WEIGHT_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 42539-00 DEPT OF JUVENILE JUSTICE IYC - ST. CHARLES 3825 CAMPTON HILLS ROAD ST. CHARLES, IL 60174 JAN 09 12.000 FEB 09 12.000 MAR 09 12.000 DELIVERY TUESDAY, WEDNESDAY, & THURSDAY BEFORE 15TH OF MONTH. 8:00AM-3:00PM	36	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00365	COMMODITY NO: 5142-359-9240 SURVEY LINE NO: 00108 TAMALES, 3 OZ. EA., FROZEN, 30/BAG, 4 BAGS/CS., BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42658-00 DEPT OF CORRECTIONS DIXON CORRECTIONAL CENTER 2600 N. BRINTON AVENUE DIXON, IL 61021 JAN 09 100.000	100	CASE	_____	_____
00366	COMMODITY NO: 5142-359-9240 SURVEY LINE NO: 00108 TAMALES, 3 OZ. EA., FROZEN, 30/BAG, 4 BAGS/CS., BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 2.000	2	CASE	_____	_____
00367	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE	30	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00368	MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42528-00 DEPT OF JUVENILE JUSTICE IYC - JOLIET 2848 W. MCDONOUGH STREET JOLIET, IL 60436 JAN 09 10.000 FEB 09 10.000 MAR 09 10.000	30	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42529-S1 DEPT OF JUVENILE JUSTICE IYC KEWANEE 2021 KENTVILLE ROAD KEWANEE, IL 61443 JAN 09 30.000			_____	_____
00369	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____	6	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00370	NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42530-00 DEPT OF JUVENILE JUSTICE IYC MURPHYSBORO IIU 636 ELZA BRANTLEY DIRVE MURPHYSBORO, IL 62901 JAN 09 6.000	7	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42547-00 DEPT OF JUVENILE JUSTICE IYC - WARRENVILLE 30-W-200 FERRY ROAD PO BOX 828 WARRENVILLE, IL 60555 JAN 09 3.000 FEB 09 2.000 MAR 09 2.000			_____	_____
00371	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____	165	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00372	DELIVERY: 42652-15 DEPT OF CORRECTIONS BIG MUDDY RIVER CORR CTR PO BOX 1000 251 NORTH ILLINOIS RTE 37 INA, IL 62846-1000 DELIVERIES ACCEPTED MONDAY THRU THURSDAY FROM 8AM TO 2:30PM DELIVERY VEHICLES MUST DEPART BY 2:45PM FRIDAY DELIVERIES BY APPOINTMENT ONLY NO DELIVERIES ACCEPTED ON STATE HOLIDAYS JAN 09 65.000 FEB 09 50.000 MAR 09 50.000	150	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42654-00 DEPT OF CORRECTIONS CENTRALIA CORRECTIONAL CENTER 9330 SHATTUC RD PO BOX 1266 CENTRALIA, IL 62801 JAN 09 75.000 FEB 09 75.000			_____	_____
00373	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____	150	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00374	CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42656-00 DEPT OF CORRECTIONS DANVILLE CORRECTIONAL CENTER 3820 EAST MAIN STREET DANVILLE, IL 61834 JAN 09 75.000 FEB 09 75.000	42	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42657-S1 DEPT OF CORRECTIONS DECATUR CORRECTIONAL CENTER 2310 MOUND ROAD DECATUR, IL 62526 JAN 09 14.000 FEB 09 14.000 MAR 09 14.000				
00375	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42660-KA	10	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00376	DEPT OF CORRECTIONS DWIGHT CORRECTIONAL CENTER KANKAKEE MINIMUM SECURITY 37040 S. ILLINOIS RTE 102 MANTENO, IL 60950-9619 "NO DELIVERIES ON FRIDAY AND/OR THE LAST WORKING DAY OF THE MONTH" JAN 09 10.000	125	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42660-00 DEPT OF CORRECTIONS DWIGHT CORRECTIONAL CENTER 23813 E 3200 NORTH ROAD DWIGHT, IL 60420-8144 "NO DELIVERIES ON FRIDAY AND/OR LAST WORKING DAY OF THE MONTH" JAN 09 125.000			_____	_____
00377	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42663-00	110	CASE	_____	_____

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00378	DEPT OF CORRECTIONS EAST MOLINE CORRECTIONAL CENTER 100 HILLCREST ROAD EAST MOLINE, IL 61244 JAN 09 55.000 FEB 09 55.000 COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42665-02 DEPT OF CORRECTIONS SOUTHWESTERN ILLINOIS CORR. CNTR. 950 KINGSHIGHWAY STREET CALLER SERV. 50 EAST ST. LOUIS , IL 62203-0050 JAN 09 36.000 FEB 09 24.000	60	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42668-00 DEPT OF CORRECTIONS JOHN A GRAHAM CORRECTIONAL CENTER RR# 1 HIGHWAY 185 P.O. BOX 499 HILLSBORO, IL 62049			_____	_____

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00380	JAN 09 60.000 FEB 09 60.000 MAR 09 55.000	240	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALES: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42669-00 DEPT OF CORRECTIONS ILLINOIS RIVER CORRECTIONAL CENTER 1300 WEST LOCUST P O BOX 999 CANTON, IL 61520 JAN 09 80.000 FEB 09 80.000 MAR 09 80.000				
00381	JAN 09 80.000 FEB 09 80.000 MAR 09 80.000	90	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALES: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42670-26 DEPT OF CORRECTIONS HENRY C HILL CORRECTIONAL CENTER 600 LINWOOD RD P O BOX 13427 GALESBURG, IL 61401 JAN 09 30.000 FEB 09 30.000 MAR 09 30.000				

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00382	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42671-00 DEPT OF CORRECTIONS JACKSONVILLE CORRECTIONAL CENTER 2268 EAST MORTON AVENUE JACKSONVILLE, IL 62650 JAN 09 35.000 FEB 09 35.000 MAR 09 35.000 <<OF QUANTITIES LISTED, DELIVER 12 CS. MONTHLY TO PITTSFIELD WORK CAMP.>>	105	CASE	_____	_____
00383	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42674-S1 DEPT OF CORRECTIONS LAWRENCE CORRECTIONAL CENTER RR 2, BOX 36 SUMNER, IL 62466 JAN 09 100.000	100	CASE	_____	_____

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00384	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42675-00 DEPT OF CORRECTIONS LINCOLN CORRECTIONAL CENTER 1098 1350TH STREET PO BOX 549 LINCOLN, IL 62656 JAN 09 25.000 FEB 09 25.000 MAR 09 25.000	75	CASE	_____	_____
00385	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42679-00 DEPT OF CORRECTIONS MENARD CORRECTIONAL CENTER 711 KASKASKIA STREET MENARD, IL 62259 JAN 09 200.000 FEB 09 200.000 MAR 09 200.000	600	CASE	_____	_____
00386	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-	69	CASE	_____	_____

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00387	SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42682-S1 DEPT OF CORRECTIONS PINCKNEYVILLE CORRECTIONAL CENTER 5835 STATE ROUTE 154 EAST PINCKNEYVILLE, IL 62274-3 DELIVERIES ACCEPTED 8 AM TO 2PM MONDAY THRU FRIDAY EXCEPT STATE HOLIDAYS JAN 09 69.000	540	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42683-00 DEPT OF CORRECTIONS PONTIAC CORRECTIONAL CENTER 700 WEST LINCOLN PONTIAC, IL 61764 "NO DELIVERIES ON FRIDAY AND/OR THE LAST WORKING DAY OF THE MONTH" JAN 09 180.000 FEB 09 180.000 MAR 09 180.000			_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00388	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42684-00 DEPT OF CORRECTIONS ROBINSON CORRECTIONAL CENTER RURAL ROUTE #3 PO BOX 1000 ROBINSON, IL 62454 JAN 09 96.000	96	CASE	_____	_____
00389	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42685-00 DEPT OF CORRECTIONS SHAWNEE CORRECTIONAL CENTER 6665 STATE ROUTE 146 EAST VIENNA, IL 62995 JAN 09 150.000 FEB 09 150.000	300	CASE	_____	_____
00390	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED	40	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00391	IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALES: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42688-00 DEPT OF CORRECTIONS SHERIDAN CORRECTIONAL CENTER 4017 E. 2603 RD. P. O. BOX 38 SHERIDAN, IL 60551 JAN 09 40.000	70	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALES: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42691-03 DEPT OF CORRECTIONS TAMMS CORRECTIONAL CENTER 8500 SUPERMAX ROAD TAMMS, IL 62988 JAN 09 70.000			_____	_____
00392	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALES: _____	192	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00393	CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42692-00 DEPT OF CORRECTIONS STATEVILLE CORRECTIONAL CENTER 16300 ILLINOIS ROUTE 53 ROUTE 53 & DIVISION ST JOLIET, IL 60435 JAN 09 64.000 FEB 09 64.000 MAR 09 64.000 ONE DELIVERY PER MONTH.	90	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42693-00 DEPT OF CORRECTIONS TAYLORVILLE CORRECTIONAL CENTER STATE ROUTE 29 SOUTH PO BOX 1000 TAYLORVILLE, IL 62568 JAN 09 30.000 FEB 09 30.000 MAR 09 30.000			_____	_____
00394	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____	216	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00395	PRICE/SERVING _____ DELIVERY: 42694-00 DEPT OF CORRECTIONS VANDALIA CORRECTIONAL CENTER 1 MILE NO. ON RT. 51 BOX 500 VANDALIA, IL 62471 JAN 09 144.000 MAR 09 72.000	20	CASE	_____	_____
	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALES: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42695-S1 THOMSON CORRECTIONAL CENTER THOMSON CORRECTIONAL CENTER 1100 ONE MILE RAOD THOMSON, IL 61285 JAN 09 20.000				
00396	COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALES: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42696-00	140	CASE	_____	_____

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00397	DEPT OF CORRECTIONS VIENNA CORRECTIONAL CENTER 6695 ROUTE 146 EAST VIENNA, IL 62995 JAN 09 70.000 FEB 09 70.000 COMMODITY NO: 5142-359-9033 SURVEY LINE NO: 00109 TAMALES, ALL BEEF, 3 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CS, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE: _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42697-00 DEPT OF CORRECTIONS WESTERN ILLINOIS CORRECTIONAL CNTR R.R. #4, BOX 196 ATTN: PAM SCHLUETER MT. STERLING, IL 62353 JAN 09 35.000 FEB 09 70.000 MAR 09 35.000	140	CASE	_____	_____
00398	COMMODITY NO: 5142-359-9035 SURVEY LINE NO: 00110 TAMALES, ALL BEEF, 4 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CASE, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42524-00 DEPT OF JUVENILE JUSTICE IYC - HARRISBURG 1201 WEST POPLAR P.O. BOX 300	21	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00399	HARRISBURG, IL 62946 JAN 09 7.000 FEB 09 7.000 MAR 09 7.000 COMMODITY NO: 5142-359-9035 SURVEY LINE NO: 00110 TAMALES, ALL BEEF, 4 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CASE, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 10.000 MAR 09 10.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	20	CASE	_____	_____
	00400			COMMODITY NO: 5142-359-9035 SURVEY LINE NO: 00110 TAMALES, ALL BEEF, 4 OZ. EA., READI-SERVE, 30/BAG, 4 BAGS/CASE, BEEF & SPICE MIXTURE ROLLED IN CORNMEAL & ENCASED IN SUITABLE WRAPPING. THE PRODUCT SHALL CONTAIN NOT LESS THAN 25% BEEF. BRAND NAME _____ NET WEIGHT PER TAMALE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY	1

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00401	658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 1.000	100	CASE	_____	_____
	COMMODITY NO: 5142-359-9065 SURVEY LINE NO: 00112 ENCHILADA, CHEESE FILLED, 2 - 2.5 OZ EA. FROZEN, CORN TORTILLA FILLED WITH CHEESE ROLLED UP, WITHOUT SAUCE, LAYER PACKED. NO LESS THAN 2 OZ. PER ENCHILADA. 96 PER CASE. BRAND NAME _____ NET WEIGHT PER ENCHILADA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 100.000				
00402	COMMODITY NO: 5142-359-9065 SURVEY LINE NO: 00112 ENCHILADA, CHEESE FILLED, 2 - 2.5 OZ EA. FROZEN, CORN TORTILLA FILLED WITH CHEESE ROLLED UP, WITHOUT SAUCE, LAYER PACKED. NO LESS THAN 2 OZ. PER ENCHILADA. 96 PER CASE. BRAND NAME _____ NET WEIGHT PER ENCHILADA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 MAR 09 2.000	2	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00403	ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH. COMMODITY NO: 5142-359-9065 SURVEY LINE NO: 00112 ENCHILADA, CHEESE FILLED, 2 - 2.5 OZ EA. FROZEN, CORN TORTILLA FILLED WITH CHEESE ROLLED UP, WITHOUT SAUCE, LAYER PACKED. NO LESS THAN 2 OZ. PER ENCHILADA. 96 PER CASE. BRAND NAME _____ NET WEIGHT PER ENCHILADA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 1.000	1	CASE	_____	_____
00404	COMMODITY NO: 5142-359-9065 SURVEY LINE NO: 00112 ENCHILADA, CHEESE FILLED, 2 - 2.5 OZ EA. FROZEN, CORN TORTILLA FILLED WITH CHEESE ROLLED UP, WITHOUT SAUCE, LAYER PACKED. NO LESS THAN 2 OZ. PER ENCHILADA. 96 PER CASE. BRAND NAME _____ NET WEIGHT PER ENCHILADA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 27.000	27	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00405	COMMODITY NO: 5142-359-9065 SURVEY LINE NO: 00112 ENCHILADA, CHEESE FILLED, 2 - 2.5 OZ EA. FROZEN, CORN TORTILLA FILLED WITH CHEESE ROLLED UP, WITHOUT SAUCE, LAYER PACKED. NO LESS THAN 2 OZ. PER ENCHILADA. 96 PER CASE. BRAND NAME _____ NET WEIGHT PER ENCHILADA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 2.000	2	CASE	_____	_____
00406	COMMODITY NO: 5142-359-9065 SURVEY LINE NO: 00112 ENCHILADA, CHEESE FILLED, 2 - 2.5 OZ EA. FROZEN, CORN TORTILLA FILLED WITH CHEESE ROLLED UP, WITHOUT SAUCE, LAYER PACKED. NO LESS THAN 2 OZ. PER ENCHILADA. 96 PER CASE. BRAND NAME _____ NET WEIGHT PER ENCHILADA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 22.000 FEB 09 22.000	44	CASE	_____	_____
00407	COMMODITY NO: 5142-359-9255	9	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00408	SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42524-00 DEPT OF JUVENILE JUSTICE IYC - HARRISBURG 1201 WEST POPLAR P.O. BOX 300 HARRISBURG, IL 62946 JAN 09 3.000 FEB 09 3.000 MAR 09 3.000	13	CASE	_____	_____
	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42529-S1 DEPT OF JUVENILE JUSTICE IYC KEWANEE 2021 KENTVILLE ROAD KEWANEE, IL 61443 JAN 09 13.000			_____	_____
00409	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____	2	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00410	PRICE/SERVING _____ DELIVERY: 42530-00 DEPT OF JUVENILE JUSTICE IYC MURPHYSBORO IIU 636 ELZA BRANTLEY DIRVE MURPHYSBORO, IL 62901 JAN 09 2.000	6	CASE	_____	_____
	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42547-00 DEPT OF JUVENILE JUSTICE IYC - WARRENVILLE 30-W-200 FERRY ROAD PO BOX 828 WARRENVILLE, IL 60555 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000			_____	_____
00411	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42652-15 DEPT OF CORRECTIONS BIG MUDDY RIVER CORR CTR PO BOX 1000 251 NORTH ILLINOIS RTE 37 INA, IL 62846-1000	35	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00412	DELIVERIES ACCEPTED MONDAY THRU THURSDAY FROM 8AM TO 2:30PM DELIVERY VEHICLES MUST DEPART BY 2:45PM FRIDAY DELIVERIES BY APPOINTMENT ONLY NO DELIVERIES ACCEPTED ON STATE HOLIDAYS FEB 09 35.000	91	CASE	_____	_____
	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42656-00 DEPT OF CORRECTIONS DANVILLE CORRECTIONAL CENTER 3820 EAST MAIN STREET DANVILLE, IL 61834 JAN 09 46.000 FEB 09 45.000				
00413	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42657-S1 DEPT OF CORRECTIONS DECATUR CORRECTIONAL CENTER 2310 MOUND ROAD DECATUR, IL 62526 JAN 09 4.000 FEB 09 4.000 MAR 09 4.000	12	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00414	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42658-00 DEPT OF CORRECTIONS DIXON CORRECTIONAL CENTER 2600 N. BRINTON AVENUE DIXON, IL 61021 JAN 09 21.000	21	CASE	_____	_____
00415	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42660-KA DEPT OF CORRECTIONS DWIGHT CORRECTIONAL CENTER KANKAKEE MINIMUM SECURITY 37040 S. ILLINOIS RTE 102 MANTENO, IL 60950-9619 "NO DELIVERIES ON FRIDAY AND/OR THE LAST WORKING DAY OF THE MONTH" JAN 09 8.000	8	CASE	_____	_____
00416	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____	8	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00417	CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42660-00 DEPT OF CORRECTIONS DWIGHT CORRECTIONAL CENTER 23813 E 3200 NORTH ROAD DWIGHT, IL 60420-8144 "NO DELIVERIES ON FRIDAY AND/OR LAST WORKING DAY OF THE MONTH" JAN 09 8.000	50	CASE	_____	_____
	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42663-00 DEPT OF CORRECTIONS EAST MOLINE CORRECTIONAL CENTER 100 HILLCREST ROAD EAST MOLINE, IL 61244 JAN 09 25.000 FEB 09 25.000			_____	_____
00418	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42665-02 DEPT OF CORRECTIONS SOUTHWESTERN ILLINOIS CORR. CNTR.	39	CASE	_____	_____

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00419	950 KINGSHIGHWAY STREET CALLER SERV. 50 EAST ST. LOUIS , IL 62203-0050 JAN 09 24.000 FEB 09 15.000 COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42668-00 DEPT OF CORRECTIONS JOHN A GRAHAM CORRECTIONAL CENTER RR# 1 HIGHWAY 185 P.O. BOX 499 HILLSBORO, IL 62049 JAN 09 50.000 FEB 09 50.000 MAR 09 20.000	120	CASE	_____	_____
	00420			COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42671-00 DEPT OF CORRECTIONS JACKSONVILLE CORRECTIONAL CENTER 2268 EAST MORTON AVENUE JACKSONVILLE, IL 62650 JAN 09 20.000 FEB 09 20.000 MAR 09 20.000 <<OF QUANTITIES LISTED, DELIVER 8 CS. MONTHLY TO PITTSFIELD WORK CAMP>>	60

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00421	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42674-S1 DEPT OF CORRECTIONS LAWRENCE CORRECTIONAL CENTER RR 2, BOX 36 SUMNER, IL 62466 JAN 09 80.000	80	CASE	_____	_____
00422	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42679-00 DEPT OF CORRECTIONS MENARD CORRECTIONAL CENTER 711 KASKASKIA STREET MENARD, IL 62259 JAN 09 20.000 FEB 09 20.000 MAR 09 20.000	60	CASE	_____	_____
00423	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____	35	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00424	PRICE/SERVING _____ DELIVERY: 42682-S1 DEPT OF CORRECTIONS PINCKNEYVILLE CORRECTIONAL CENTER 5835 STATE ROUTE 154 EAST PINCKNEYVILLE, IL 62274-3 DELIVERIES ACCEPTED 8 AM TO 2PM MONDAY THRU FRIDAY EXCEPT STATE HOLIDAYS JAN 09 35.000	144	CASE	_____	_____
	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42683-00 DEPT OF CORRECTIONS PONTIAC CORRECTIONAL CENTER 700 WEST LINCOLN PONTIAC, IL 61764 "NO DELIVERIES ON FRIDAY AND/OR THE LAST WORKING DAY OF THE MONTH" JAN 09 72.000 FEB 09 72.000			_____	_____
00425	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY:	40	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00426	42684-00 DEPT OF CORRECTIONS ROBINSON CORRECTIONAL CENTER RURAL ROUTE #3 PO BOX 1000 ROBINSON, IL 62454 JAN 09 40.000	80	CASE	_____	_____
	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42685-00 DEPT OF CORRECTIONS SHAWNEE CORRECTIONAL CENTER 6665 STATE ROUTE 146 EAST VIENNA, IL 62995 JAN 09 40.000 FEB 09 40.000			_____	_____
00427	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42688-00 DEPT OF CORRECTIONS SHERIDAN CORRECTIONAL CENTER 4017 E. 2603 RD. P. O. BOX 38 SHERIDAN, IL 60551 JAN 09 30.000 FEB 09 30.000	60	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00428	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42692-00 DEPT OF CORRECTIONS STATEVILLE CORRECTIONAL CENTER 16300 ILLINOIS ROUTE 53 ROUTE 53 & DIVISION ST JOLIET, IL 60435 JAN 09 100.000 FEB 09 75.000 MAR 09 75.000 ONE DELIVERY PER MONTH.	250	CASE	_____	_____
00429	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42693-00 DEPT OF CORRECTIONS TAYLORVILLE CORRECTIONAL CENTER STATE ROUTE 29 SOUTH PO BOX 1000 TAYLORVILLE, IL 62568 JAN 09 25.000 FEB 09 25.000 MAR 09 25.000	75	CASE	_____	_____
00430	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____	72	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00431	SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42694-00 DEPT OF CORRECTIONS VANDALIA CORRECTIONAL CENTER 1 MILE NO. ON RT. 51 BOX 500 VANDALIA, IL 62471 JAN 09 48.000 FEB 09 24.000	24	CASE	_____	_____
	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42695-S1 THOMSON CORRECTIONAL CENTER THOMSON CORRECTIONAL CENTER 1100 ONE MILE RAOD THOMSON, IL 61285 JAN 09 24.000			_____	_____
00432	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42696-00 DEPT OF CORRECTIONS VIENNA CORRECTIONAL CENTER 6695 ROUTE 146 EAST	48	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00433	VIENNA, IL 62995 JAN 09 48.000 COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42697-00 DEPT OF CORRECTIONS WESTERN ILLINOIS CORRECTIONAL CNTR R.R. #4, BOX 196 ATTN: PAM SCHLUETER MT. STERLING, IL 62353 JAN 09 20.000 FEB 09 20.000 MAR 09 20.000	60	CASE	_____	_____
00434	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 8.000	8	CASE	_____	_____
00435	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN	1	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00436	288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 1.000	2	CASE	_____	_____
	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 1.000 FEB 09 1.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.			_____	_____
00437	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____	4	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00438	PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 4.000	1	CASE	_____	_____
	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 1.000			_____	_____
00439	COMMODITY NO: 5142-359-9255 SURVEY LINE NO: 00113 TORTILLAS, FLOUR, 10" DIAMETER, FROZEN 288/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 6.000	6	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00440	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42524-00 DEPT OF JUVENILE JUSTICE IYC - HARRISBURG 1201 WEST POPLAR P.O. BOX 300 HARRISBURG, IL 62946 JAN 09 4.000 FEB 09 3.000 MAR 09 3.000	10	CASE	_____	_____
00441	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42528-00 DEPT OF JUVENILE JUSTICE IYC - JOLIET 2848 W. MCDONOUGH STREET JOLIET, IL 60436 JAN 09 2.000 FEB 09 2.000 MAR 09 1.000	5	CASE	_____	_____
00442	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____	7	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 224
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00443	SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42529-S1 DEPT OF JUVENILE JUSTICE IYC KEWANEE 2021 KENTVILLE ROAD KEWANEE, IL 61443 JAN 09 7.000	2	CASE	_____	_____
	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42530-00 DEPT OF JUVENILE JUSTICE IYC MURPHYSBORO IIU 636 ELZA BRANTLEY DIRVE MURPHYSBORO, IL 62901 JAN 09 2.000			_____	_____
00444	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42547-00 DEPT OF JUVENILE JUSTICE IYC - WARRENVILLE 30-W-200 FERRY ROAD PO BOX 828	6	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00445	WARRENVILLE, IL 60555 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000	40	CASE	_____	_____
	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42652-15 DEPT OF CORRECTIONS BIG MUDDY RIVER CORR CTR PO BOX 1000 251 NORTH ILLINOIS RTE 37 INA, IL 62846-1000 DELIVERIES ACCEPTED MONDAY THRU THURSDAY FROM 8AM TO 2:30PM DELIVERY VEHICLES MUST DEPART BY 2:45PM FRIDAY DELIVERIES BY APPOINTMENT ONLY NO DELIVERIES ACCEPTED ON STATE HOLIDAYS FEB 09 40.000				
00446	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42658-00 DEPT OF CORRECTIONS DIXON CORRECTIONAL CENTER 2600 N. BRINTON AVENUE DIXON, IL 61021 JAN 09 80.000	80	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00447	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42660-KA DEPT OF CORRECTIONS DWIGHT CORRECTIONAL CENTER KANKAKEE MINIMUM SECURITY 37040 S. ILLINOIS RTE 102 MANTENO, IL 60950-9619 "NO DELIVERIES ON FRIDAY AND/OR THE LAST WORKING DAY OF THE MONTH" JAN 09 5.000	5	CASE	_____	_____
00448	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42660-00 DEPT OF CORRECTIONS DWIGHT CORRECTIONAL CENTER 23813 E 3200 NORTH ROAD DWIGHT, IL 60420-8144 "NO DELIVERIES ON FRIDAY AND/OR LAST WORKING DAY OF THE MONTH" JAN 09 16.000	16	CASE	_____	_____
00449	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN	50	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 227
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00450	720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42663-00 DEPT OF CORRECTIONS EAST MOLINE CORRECTIONAL CENTER 100 HILLCREST ROAD EAST MOLINE, IL 61244 JAN 09 25.000 FEB 09 25.000	30	CASE	_____	_____
	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42668-00 DEPT OF CORRECTIONS JOHN A GRAHAM CORRECTIONAL CENTER RR# 1 HIGHWAY 185 P.O. BOX 499 HILLSBORO, IL 62049 JAN 09 30.000			_____	_____
00451	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42670-26	96	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00452	DEPT OF CORRECTIONS HENRY C HILL CORRECTIONAL CENTER 600 LINWOOD RD P O BOX 13427 GALESBURG, IL 61401 JAN 09 32.000 FEB 09 32.000 MAR 09 32.000	30	CASE		
	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42671-00 DEPT OF CORRECTIONS JACKSONVILLE CORRECTIONAL CENTER 2268 EAST MORTON AVENUE JACKSONVILLE, IL 62650 JAN 09 10.000 FEB 09 10.000 MAR 09 10.000				
00453	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42674-S1 DEPT OF CORRECTIONS LAWRENCE CORRECTIONAL CENTER RR 2, BOX 36 SUMNER, IL 62466 JAN 09 60.000	60	CASE		

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00454	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42677-00 DEPT OF CORRECTIONS LOGAN CORRECTIONAL CENTER 1096 1350TH STREET BOX 1000 LINCOLN, IL 62656 JAN 09 30.000 FEB 09 30.000	60	CASE	_____	_____
00455	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42679-00 DEPT OF CORRECTIONS MENARD CORRECTIONAL CENTER 711 KASKASKIA STREET MENARD, IL 62259 JAN 09 30.000 FEB 09 30.000 MAR 09 30.000	90	CASE	_____	_____
00456	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____	128	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 230
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	PRICE/SERVING _____ DELIVERY: 42683-00 DEPT OF CORRECTIONS PONTIAC CORRECTIONAL CENTER 700 WEST LINCOLN PONTIAC, IL 61764 "NO DELIVERIES ON FRIDAY AND/OR THE LAST WORKING DAY OF THE MONTH" JAN 09 64.000 FEB 09 64.000				
00457	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42685-00 DEPT OF CORRECTIONS SHAWNEE CORRECTIONAL CENTER 6665 STATE ROUTE 146 EAST VIENNA, IL 62995 JAN 09 25.000 FEB 09 25.000	50	CASE	_____	_____
00458	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42688-00 DEPT OF CORRECTIONS SHERIDAN CORRECTIONAL CENTER 4017 E. 2603 RD. P. O. BOX 38	30	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00459	SHERIDAN, IL 60551 JAN 09 15.000 FEB 09 15.000 COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42691-03 DEPT OF CORRECTIONS TAMMS CORRECTIONAL CENTER 8500 SUPERMAX ROAD TAMMS, IL 62988 JAN 09 30.000	30	CASE	_____	_____
	00460 COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42692-00 DEPT OF CORRECTIONS STATEVILLE CORRECTIONAL CENTER 16300 ILLINOIS ROUTE 53 ROUTE 53 & DIVISION ST JOLIET, IL 60435 JAN 09 100.000 FEB 09 75.000 MAR 09 75.000 ONE DELIVERY PER MONTH.			250	CASE
00461	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114	40	CASE		

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00462	TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42693-00 DEPT OF CORRECTIONS TAYLORVILLE CORRECTIONAL CENTER STATE ROUTE 29 SOUTH PO BOX 1000 TAYLORVILLE, IL 62568 JAN 09 15.000 FEB 09 15.000 MAR 09 10.000	15	CASE	_____	_____
	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42695-S1 THOMSON CORRECTIONAL CENTER THOMSON CORRECTIONAL CENTER 1100 ONE MILE RAOD THOMSON, IL 61285 JAN 09 15.000			_____	_____
00463	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____	60	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 233
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00464	DELIVERY: 42696-00 DEPT OF CORRECTIONS VIENNA CORRECTIONAL CENTER 6695 ROUTE 146 EAST VIENNA, IL 62995 JAN 09 60.000	54	CASE		
	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 42697-00 DEPT OF CORRECTIONS WESTERN ILLINOIS CORRECTIONAL CNTR R.R. #4, BOX 196 ATTN: PAM SCHLUETER MT. STERLING, IL 62353 JAN 09 18.000 FEB 09 18.000 MAR 09 18.000				
00465	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 2.000	2	CASE		

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00466	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 1.000 MAR 09 1.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	2	CASE	_____	_____
00467	COMMODITY NO: 5142-359-9260 SURVEY LINE NO: 00114 TORTILLAS, CORN, 6 1/2" DIAMETER, FROZEN 720/CS., DIAMETER K. BRAND NAME _____ SIZE OF TORTILLA _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 1.000	1	CASE	_____	_____
00468	COMMODITY NO: 5142-359-9078 SURVEY LINE NO: 00115 PITA BREAD, 6" FOLDED FLAT BREAD. PARTIALLY BAKED, FROZEN. SHELF LIFE: FROZEN - 6 MONTHS,	30	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00469	REFRIGERATED - 5 WEEKS. SERVING SIZE: 6"- 6 1/2" DIAMETER, 120/CS BRAND NAME _____ PACKAGING _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 30.000	10	CASE	_____	_____
	COMMODITY NO: 5142-359-9078 SURVEY LINE NO: 00115 PITA BREAD, 6" FOLDED FLAT BREAD. PARTIALLY BAKED, FROZEN. SHELF LIFE: FROZEN - 6 MONTHS, REFRIGERATED - 5 WEEKS. SERVING SIZE: 6"- 6 1/2" DIAMETER, 120/CS BRAND NAME _____ PACKAGING _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44419-WC1 DEPT OF HUMAN SERVICES ALTON MENTAL HEALTH CENTER 4500 COLLEGE AVENUE ALTON, IL 62002 JAN 09 10.000			_____	_____
00470	COMMODITY NO: 5142-359-9078 SURVEY LINE NO: 00115 PITA BREAD, 6" FOLDED FLAT BREAD. PARTIALLY BAKED, FROZEN. SHELF LIFE: FROZEN - 6 MONTHS, REFRIGERATED - 5 WEEKS. SERVING SIZE: 6"- 6 1/2" DIAMETER, 120/CS BRAND NAME _____ PACKAGING _____	4	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 2.000 MAR 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.				
00471	COMMODITY NO: 5142-359-9078 SURVEY LINE NO: 00115 PITA BREAD, 6" FOLDED FLAT BREAD. PARTIALLY BAKED, FROZEN. SHELF LIFE: FROZEN - 6 MONTHS, REFRIGERATED - 5 WEEKS. SERVING SIZE: 6"- 6 1/2" DIAMETER, 120/CS BRAND NAME _____ PACKAGING _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 2.000	2	CASE	_____	_____
00472	COMMODITY NO: 5142-359-9078 SURVEY LINE NO: 00115 PITA BREAD, 6" FOLDED FLAT BREAD. PARTIALLY BAKED, FROZEN. SHELF LIFE: FROZEN - 6 MONTHS, REFRIGERATED - 5 WEEKS. SERVING SIZE: 6"- 6 1/2" DIAMETER, 120/CS BRAND NAME _____ PACKAGING _____ CASE COUNT _____	1	CASE	_____	_____

PRICE SHEET		SOLICITATION NO.: 223459 OPEN DATE : 11/03/08 T-NUMBER :			
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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00473	PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 1.000	96	CASE	_____	_____
	COMMODITY NO: 5142-359-9078 SURVEY LINE NO: 00115 PITA BREAD, 6" FOLDED FLAT BREAD. PARTIALLY BAKED, FROZEN. SHELF LIFE: FROZEN - 6 MONTHS, REFRIGERATED - 5 WEEKS. SERVING SIZE: 6"- 6 1/2" DIAMETER, 120/CS BRAND NAME _____ PACKAGING _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 48.000 FEB 09 48.000				
00474	COMMODITY NO: 5142-359-9078 SURVEY LINE NO: 00115 PITA BREAD, 6" FOLDED FLAT BREAD. PARTIALLY BAKED, FROZEN. SHELF LIFE: FROZEN - 6 MONTHS, REFRIGERATED - 5 WEEKS. SERVING SIZE: 6"- 6 1/2" DIAMETER, 120/CS BRAND NAME _____ PACKAGING _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44474-M01 DEPT OF HUMAN SERVICES	4	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00475	MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 4.000 COMMODITY NO: 5142-359-9275 SURVEY LINE NO: 00116 CORN DOGS, FROZEN, 2 3/4 OZ. EA., 36/CS. WEINER DIPPED IN A THICK CORN MEAL TYPE BATTER. COMPOSITION OF CORN DOG MUST BE: EQUAL PORTIONS OF AN ALL BEEF WEINER AND CORN MEAL TYPE BREADING., NO STICKS. BRAND NAME _____ NET WEIGHT PER CORN DOG _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 20.000 FEB 09 20.000 MAR 09 20.000	60	CASE	_____	_____
00476	COMMODITY NO: 5142-359-9275 SURVEY LINE NO: 00116 CORN DOGS, FROZEN, 2 3/4 OZ. EA., 36/CS. WEINER DIPPED IN A THICK CORN MEAL TYPE BATTER. COMPOSITION OF CORN DOG MUST BE: EQUAL PORTIONS OF AN ALL BEEF WEINER AND CORN MEAL TYPE BREADING., NO STICKS. BRAND NAME _____ NET WEIGHT PER CORN DOG _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 4.000 FEB 09 3.000 MAR 09 4.000	11	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00477	ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH. COMMODITY NO: 5142-359-9275 SURVEY LINE NO: 00116 CORN DOGS, FROZEN, 2 3/4 OZ. EA., 36/CS. WEINER DIPPED IN A THICK CORN MEAL TYPE BATTER. COMPOSITION OF CORN DOG MUST BE: EQUAL PORTIONS OF AN ALL BEEF WEINER AND CORN MEAL TYPE BREADING., NO STICKS. BRAND NAME _____ NET WEIGHT PER CORN DOG _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44441-D51 DEPT OF HUMAN SERVICES RUSHVILLE TDF HORNEY BRANCH ROAD AND COUNTY FARM ROAD RUSHVILLE, IL 62681 JAN 09 10.000 FEB 09 10.000 MAR 09 10.000	30	CASE	_____	_____
00478	COMMODITY NO: 5142-359-9275 SURVEY LINE NO: 00116 CORN DOGS, FROZEN, 2 3/4 OZ. EA., 36/CS. WEINER DIPPED IN A THICK CORN MEAL TYPE BATTER. COMPOSITION OF CORN DOG MUST BE: EQUAL PORTIONS OF AN ALL BEEF WEINER AND CORN MEAL TYPE BREADING., NO STICKS. BRAND NAME _____ NET WEIGHT PER CORN DOG _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 30.000	30	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00479	COMMODITY NO: 5142-359-9275 SURVEY LINE NO: 00116 CORN DOGS, FROZEN, 2 3/4 OZ. EA., 36/CS. WEINER DIPPED IN A THICK CORN MEAL TYPE BATTER. COMPOSITION OF CORN DOG MUST BE: EQUAL PORTIONS OF AN ALL BEEF WEINER AND CORN MEAL TYPE BREADING., NO STICKS. BRAND NAME _____ NET WEIGHT PER CORN DOG _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 4.000 FEB 09 4.000 MAR 09 4.000	12	CASE	_____	_____
00480	COMMODITY NO: 5142-359-9280 SURVEY LINE NO: 00117 PIZZA, CHEESE, 12" ROUND, 17 OZ., FROZEN 12 PIZZAS PER CASE, SHALL HAVE A YEAST DOUGH CRUST. CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, SALT, TOMATO SAUCE, SPICES, BASIL, OLIVE OIL, ROMANO CHEESE & MOZZARELLA CHEESE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE, 35.90% CHEESE. DIAMETER EA. _____ NET WEIGHT _____ CASE COUNT _____ BRAND NAME _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 2.000 FEB 09 1.000 MAR 09 1.000	4	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00481	COMMODITY NO: 5142-359-9280 SURVEY LINE NO: 00117 PIZZA, CHEESE, 12" ROUND, 17 OZ., FROZEN 12 PIZZAS PER CASE, SHALL HAVE A YEAST DOUGH CRUST. CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, SALT, TOMATO SAUCE, SPICES, BASIL, OLIVE OIL, ROMANO CHEESE & MOZZARELLA CHEESE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSI- TION - 44.45% CRUST, 19.65% SAUCE, 35.90% CHEESE. DIAMETER EA. _____ NET WEIGHT _____ CASE COUNT _____ BRAND NAME _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 1.000 FEB 09 1.000	2	CASE	_____	_____
00482	COMMODITY NO: 5142-359-9281 SURVEY LINE NO: 00118 PIZZA, CHEESE, 5 TO 6" ROUND, 5 OR 6 OUNCE FROZEN. SHALL HAVE A YEAST DOUGH CRUST. CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, SALT, TOMATO SAUCE, SPICES, BASIL, OLIVE OIL, ROMANO CHEESE, & MOZZARELLA CHEESE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE, 35.90% CHEESE. 60 PER CASE. BRAND NAME _____ DIAMETER EACH _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC	50	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00483	1556 W 43RD ST CHICAGO, IL 60632 JAN 09 50.000 COMMODITY NO: 5142-359-9281 SURVEY LINE NO: 00118 PIZZA, CHEESE, 5 TO 6" ROUND, 5 OR 6 OUNCE FROZEN. SHALL HAVE A YEAST DOUGH CRUST. CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, SALT, TOMATO SAUCE, SPICES, BASIL, OLIVE OIL, ROMANO CHEESE, & MOZZARELLA CHEESE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE, 35.90% CHEESE. 60 PER CASE. BRAND NAME _____ DIAMETER EACH _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 1.000	1	CASE	_____	_____
	COMMODITY NO: 5142-359-9281 SURVEY LINE NO: 00118 PIZZA, CHEESE, 5 TO 6" ROUND, 5 OR 6 OUNCE FROZEN. SHALL HAVE A YEAST DOUGH CRUST. CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, SALT, TOMATO SAUCE, SPICES, BASIL, OLIVE OIL, ROMANO CHEESE, & MOZZARELLA CHEESE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE, 35.90% CHEESE. 60 PER CASE. BRAND NAME _____ DIAMETER EACH _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44439-WF1	6	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 243
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00485	DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 3.000 MAR 09 3.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH. COMMODITY NO: 5142-359-9281 SURVEY LINE NO: 00118 PIZZA, CHEESE, 5 TO 6" ROUND, 5 OR 6 OUNCE FROZEN. SHALL HAVE A YEAST DOUGH CRUST. CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, SALT, TOMATO SAUCE, SPICES, BASIL, OLIVE OIL, ROMANO CHEESE, & MOZZARELLA CHEESE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE, 35.90% CHEESE. 60 PER CASE. BRAND NAME _____ DIAMETER EACH _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 12.000	12	CASE	_____	_____
00486	COMMODITY NO: 5142-359-9281 SURVEY LINE NO: 00118 PIZZA, CHEESE, 5 TO 6" ROUND, 5 OR 6 OUNCE FROZEN. SHALL HAVE A YEAST DOUGH CRUST. CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, SALT, TOMATO SAUCE, SPICES, BASIL, OLIVE OIL, ROMANO CHEESE, & MOZZARELLA CHEESE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE, 35.90% CHEESE. 60 PER CASE. BRAND NAME _____	4	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00487	DIAMETER EACH _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 1.000 FEB 09 2.000 MAR 09 1.000	9	CASE	_____	_____
	COMMODITY NO: 5142-359-9281 SURVEY LINE NO: 00118 PIZZA, CHEESE, 5 TO 6" ROUND, 5 OR 6 OUNCE FROZEN. SHALL HAVE A YEAST DOUGH CRUST. CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, SALT, TOMATO SAUCE, SPICES, BASIL, OLIVE OIL, ROMANO CHEESE, & MOZZARELLA CHEESE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE, 35.90% CHEESE. 60 PER CASE. BRAND NAME _____ DIAMETER EACH _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 3.000 FEB 09 3.000 MAR 09 3.000			_____	_____
00488	COMMODITY NO: 5142-359-9281 SURVEY LINE NO: 00118 PIZZA, CHEESE, 5 TO 6" ROUND, 5 OR 6 OUNCE FROZEN. SHALL HAVE A YEAST DOUGH CRUST. CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, SALT, TOMATO SAUCE, SPICES, BASIL, OLIVE OIL, ROMANO CHEESE, & MOZZARELLA CHEESE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION -	2	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 245
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00489	44.45% CRUST, 19.65% SAUCE, 35.90% CHEESE. 60 PER CASE. BRAND NAME _____ DIAMETER EACH _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 2.000	4	CASE	_____	_____
	COMMODITY NO: 5142-359-9290 SURVEY LINE NO: 00119 PIZZA, SAUSAGE & CHEESE,12" ROUND,18 OZ EA., FROZEN, 10 PIZZAS/CASE, PIZZA SHALL HAVE A YEAST DOUGH CRUST COVERED BY A LAYER OF TOMATO SAUCE & A LAYER OF SAUSAGE & CHEESE. SAUSAGE & CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, SALT, SPICES, BASIL ROMANO CHEESE, MOZZARELLA CHEESE & PORK SAUSAGE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE 19.65% CHEESE, 16.25% SAUSAGE. BRAND NAME _____ DIAMETER EACH _____ WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 2.000 FEB 09 2.000			_____	_____
00490	COMMODITY NO: 5142-359-9290 SURVEY LINE NO: 00119 PIZZA, SAUSAGE & CHEESE,12" ROUND,18 OZ EA., FROZEN, 10 PIZZAS/CASE, PIZZA	1	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00491	SHALL HAVE A YEAST DOUGH CRUST COVERED BY A LAYER OF TOMATO SAUCE & A LAYER OF SAUSAGE & CHEESE. SAUSAGE & CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, SALT, SPICES, BASIL ROMANO CHEESE, MOZZARELLA CHEESE & PORK SAUSAGE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE 19.65% CHEESE, 16.25% SAUSAGE. BRAND NAME _____ DIAMETER EACH _____ WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD CENTRALIA, IL 62801-5836 JAN 09 1.000	5	CASE	_____	_____
	COMMODITY NO: 5142-359-9290 SURVEY LINE NO: 00119 PIZZA, SAUSAGE & CHEESE, 12" ROUND, 18 OZ EA., FROZEN, 10 PIZZAS/CASE, PIZZA SHALL HAVE A YEAST DOUGH CRUST COVERED BY A LAYER OF TOMATO SAUCE & A LAYER OF SAUSAGE & CHEESE. SAUSAGE & CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, SALT, SPICES, BASIL ROMANO CHEESE, MOZZARELLA CHEESE & PORK SAUSAGE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE 19.65% CHEESE, 16.25% SAUSAGE. BRAND NAME _____ DIAMETER EACH _____ WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 FEB 09 5.000				

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00492	COMMODITY NO: 5142-359-9291 SURVEY LINE NO: 00120 PIZZA, SAUSAGE & CHEESE, 5-1/2" TO 6" ROUND, 5 OR 6 OUNCES EACH, FROZEN. SHALL HAVE A YEAST DOUGH CRUST COVERED BY A LAYER OF TOMATO SAUCE AND A LAYER OF SAUSAGE AND CHEESE. SAUSAGE AND CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, SALT, SPICES, BASIL, ROMANO CHEESE, MOZZARELLA CHEESE AND PORK SAUSAGE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE 19.65% CHEESE, 16.25% SAUSAGE. 54/CS. DIAMETER EA _____ NET WEIGHT _____ CASE COUNT _____ BRAND NAME _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 100.000	100	CASE	_____	_____
00493	COMMODITY NO: 5142-359-9291 SURVEY LINE NO: 00120 PIZZA, SAUSAGE & CHEESE, 5-1/2" TO 6" ROUND, 5 OR 6 OUNCES EACH, FROZEN. SHALL HAVE A YEAST DOUGH CRUST COVERED BY A LAYER OF TOMATO SAUCE AND A LAYER OF SAUSAGE AND CHEESE. SAUSAGE AND CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, SALT, SPICES, BASIL, ROMANO CHEESE, MOZZARELLA CHEESE AND PORK SAUSAGE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE 19.65% CHEESE, 16.25% SAUSAGE. 54/CS. DIAMETER EA _____ NET WEIGHT _____ CASE COUNT _____ BRAND NAME _____ DELIVERY:	4	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00494	44418-WB1 DEPT OF HUMAN SERVICES JACK MABLEY DEVELOPMENTAL CNTR 1120 WASHINGTON AVE. DIXON, IL 61021 JAN 09 4.000	12	CASE	_____	_____
	COMMODITY NO: 5142-359-9291 SURVEY LINE NO: 00120 PIZZA, SAUSAGE & CHEESE, 5-1/2" TO 6" ROUND, 5 OR 6 OUNCES EACH, FROZEN. SHALL HAVE A YEAST DOUGH CRUST COVERED BY A LAYER OF TOMATO SAUCE AND A LAYER OF SAUSAGE AND CHEESE. SAUSAGE AND CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, SALT, SPICES, BASIL, ROMANO CHEESE, MOZZARELLA CHEESE AND PORK SAUSAGE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE 19.65% CHEESE, 16.25% SAUSAGE. 54/CS. DIAMETER EA _____ NET WEIGHT _____ CASE COUNT _____ BRAND NAME _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 12.000			_____	_____
00495	COMMODITY NO: 5142-359-9291 SURVEY LINE NO: 00120 PIZZA, SAUSAGE & CHEESE, 5-1/2" TO 6" ROUND, 5 OR 6 OUNCES EACH, FROZEN. SHALL HAVE A YEAST DOUGH CRUST COVERED BY A LAYER OF TOMATO SAUCE AND A LAYER OF SAUSAGE AND CHEESE. SAUSAGE AND CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, SALT, SPICES, BASIL, ROMANO CHEESE, MOZZARELLA CHEESE AND PORK SAUSAGE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE 19.65% CHEESE, 16.25% SAUSAGE. 54/CS.	6	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00496	DIAMETER EA _____ NET WEIGHT _____ CASE COUNT _____ BRAND NAME _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000	10	CASE	_____	_____
	COMMODITY NO: 5142-359-9291 SURVEY LINE NO: 00120 PIZZA, SAUSAGE & CHEESE, 5-1/2" TO 6" ROUND, 5 OR 6 OUNCES EACH, FROZEN. SHALL HAVE A YEAST DOUGH CRUST COVERED BY A LAYER OF TOMATO SAUCE AND A LAYER OF SAUSAGE AND CHEESE. SAUSAGE AND CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, SALT, SPICES, BASIL, ROMANO CHEESE, MOZZARELLA CHEESE AND PORK SAUSAGE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE 19.65% CHEESE, 16.25% SAUSAGE. 54/CS. DIAMETER EA _____ NET WEIGHT _____ CASE COUNT _____ BRAND NAME _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 FEB 09 10.000			_____	_____
00497	COMMODITY NO: 5142-359-9291 SURVEY LINE NO: 00120 PIZZA, SAUSAGE & CHEESE, 5-1/2" TO 6" ROUND, 5 OR 6 OUNCES EACH, FROZEN. SHALL HAVE A YEAST DOUGH CRUST COVERED	35	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00498	BY A LAYER OF TOMATO SAUCE AND A LAYER OF SAUSAGE AND CHEESE. SAUSAGE AND CHEESE PIZZA SHALL CONSIST OF FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, SALT, SPICES, BASIL, ROMANO CHEESE, MOZZARELLA CHEESE AND PORK SAUSAGE AND ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION - 44.45% CRUST, 19.65% SAUCE 19.65% CHEESE, 16.25% SAUSAGE. 54/CS. DIAMETER EA _____ NET WEIGHT _____ CASE COUNT _____ BRAND NAME _____ DELIVERY: 44479-WP1 DEPT OF HUMAN SERVICES SHAPIRO DEVELOPMENTAL CENTER 100 E. JEFFERY STREET KANKAKEE, IL 60901 JAN 09 18.000 FEB 09 17.000	4	CASE	_____	_____
	COMMODITY NO: 5142-359-9300 SURVEY LINE NO: 00121 PIZZA, PEPPERONI & SAUSAGE, 12" ROUND, FROZEN, 17 OZ. EA., 10 PER CASE. SHALL HAVE A YEAST DOUGH CRUST COVERED A LAYER OF TOMATO SAUCE & A LAYER OF PEPPERONI, PORK, BEEF, SALT, SUGAR, SPICES, FLAVORING, FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, BASIL, ROMANO CHEESE & MOZZARELLA CHEESE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION- 47% CRUST 21.5% SAUCE, 21.5% CHEESE, 10% PEPPERONI & SAUSAGE. DIAMETER EA _____ NET WEIGHT _____ CASE COUNT _____ BRAND NAME _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 2.000 MAR 09 2.000			_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00499	COMMODITY NO: 5142-359-9300 SURVEY LINE NO: 00121 PIZZA, PEPPERONI & SAUSAGE, 12" ROUND, FROZEN, 17 OZ. EA., 10 PER CASE. SHALL HAVE A YEAST DOUGH CRUST COVERED A LAYER OF TOMATO SAUCE & A LAYER OF PEPPERONI, PORK, BEEF, SALT, SUGAR, SPICES, FLAVORING, FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, BASIL, ROMANO CHEESE & MOZZARELLA CHEESE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION- 47% CRUST 21.5% SAUCE, 21.5% CHEESE, 10% PEPPERONI & SAUSAGE. DIAMETER EA _____ NET WEIGHT _____ CASE COUNT _____ BRAND NAME _____ DELIVERY: 44458-WJ1 DEPT OF HUMAN SERVICES MURRAY DEVELOPMENTAL CTR 1535 W MCCORD CENTRALIA, IL 62801-5836 JAN 09 1.000	1	CASE	_____	_____
00500	COMMODITY NO: 5142-359-9301 SURVEY LINE NO: 00122 PIZZA, PEPPERONI & SAUSAGE, 5 1/2" TO 6" ROUND, FROZEN, 5 OR 6 OZ. EACH. SHALL HAVE A YEAST DOUGH CRUST COVERED A LAYER OF TOMATO SAUCE & A LAYER OF PEPPERONI, PORK, BEEF, SALT, SUGAR, SPICES, FLAVORING, FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, BASIL, ROMANO CHEESE & MOZZARELLA CHEESE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION- 47% CRUST 21.5% SAUCE, 21.5% CHEESE, 10% PEPPERONI & SAUSAGE. 60 PER CASE. BRAND NAME _____ DIAMETER EACH _____ WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES	50	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00501	ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 50.000	18	CASE	_____	_____
	COMMODITY NO: 5142-359-9301 SURVEY LINE NO: 00122 PIZZA, PEPPERONI & SAUSAGE, 5 1/2" TO 6" ROUND, FROZEN, 5 OR 6 OZ. EACH. SHALL HAVE A YEAST DOUGH CRUST COVERED A LAYER OF TOMATO SAUCE & A LAYER OF PEPPERONI, PORK, BEEF, SALT, SUGAR, SPICES, FLAVORING, FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, BASIL, ROMANO CHEESE & MOZZARELLA CHEESE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION- 47% CRUST 21.5% SAUCE, 21.5% CHEESE, 10% PEPPER-ONI & SAUSAGE. 60 PER CASE. BRAND NAME _____ DIAMETER EACH _____ WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 6.000 FEB 09 6.000 MAR 09 6.000			_____	_____
00502	COMMODITY NO: 5142-359-9301 SURVEY LINE NO: 00122 PIZZA, PEPPERONI & SAUSAGE, 5 1/2" TO 6" ROUND, FROZEN, 5 OR 6 OZ. EACH. SHALL HAVE A YEAST DOUGH CRUST COVERED A LAYER OF TOMATO SAUCE & A LAYER OF PEPPERONI, PORK, BEEF, SALT, SUGAR, SPICES, FLAVORING, FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, BASIL, ROMANO CHEESE & MOZZARELLA CHEESE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION- 47% CRUST 21.5% SAUCE, 21.5% CHEESE, 10% PEPPER-ONI & SAUSAGE. 60 PER CASE. BRAND NAME _____ DIAMETER EACH _____	6	CASE	_____	_____

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INVITATION FOR BID		VENDOR:			PAGE: 253
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
	WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 FEB 09 3.000 MAR 09 3.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.				
00503	COMMODITY NO: 5142-359-9301 SURVEY LINE NO: 00122 PIZZA, PEPPERONI & SAUSAGE, 5 1/2" TO 6" ROUND, FROZEN, 5 OR 6 OZ. EACH. SHALL HAVE A YEAST DOUGH CRUST COVERED A LAYER OF TOMATO SAUCE & A LAYER OF PEPPERONI, PORK, BEEF, SALT, SUGAR, SPICES, FLAVORING, FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, BASIL, ROMANO CHEESE & MOZZARELLA CHEESE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION- 47% CRUST 21.5% SAUCE, 21.5% CHEESE, 10% PEPPER-ONI & SAUSAGE. 60 PER CASE. BRAND NAME _____ DIAMETER EACH _____ WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 12.000	12	CASE	_____	_____
00504	COMMODITY NO: 5142-359-9301 SURVEY LINE NO: 00122 PIZZA, PEPPERONI & SAUSAGE, 5 1/2" TO 6" ROUND, FROZEN, 5 OR 6 OZ. EACH. SHALL HAVE A YEAST DOUGH CRUST COVERED A LAYER OF TOMATO SAUCE & A LAYER OF	6	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00505	PEPPERONI, PORK, BEEF, SALT, SUGAR, SPICES, FLAVORING, FLOUR, WATER, OIL, YEAST, TOMATO SAUCE, BASIL, ROMANO CHEESE & MOZZARELLA CHEESE OR ANY OTHER INGREDIENT NECESSARY TO MAKE A GOOD QUALITY PRODUCT. COMPOSITION- 47% CRUST 21.5% SAUCE, 21.5% CHEESE, 10% PEPPER-ONI & SAUSAGE. 60 PER CASE. BRAND NAME _____ DIAMETER EACH _____ WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 2.000 FEB 09 2.000 MAR 09 2.000	12	CASE	_____	_____
	COMMODITY NO: 5142-359-9311 SURVEY LINE NO: 00123 PIZZA SQUARE, 4"X 6" EA., FROZEN, 96/CS. CHEESE. 4.5 TO 5 OZ EACH. BRAND NAME _____ SIZE EACH _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 4.000 FEB 09 4.000 MAR 09 4.000			_____	_____
00506	COMMODITY NO: 5142-359-9311 SURVEY LINE NO: 00123 PIZZA SQUARE, 4"X 6" EA., FROZEN, 96/CS. CHEESE. 4.5 TO 5 OZ EACH. BRAND NAME _____	4	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00507	SIZE EACH _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 MAR 09 4.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	2	CASE	_____	_____
	COMMODITY NO: 5142-359-9311 SURVEY LINE NO: 00123 PIZZA SQUARE, 4"X 6" EA., FROZEN, 96/CS. CHEESE. 4.5 TO 5 OZ EACH. BRAND NAME _____ SIZE EACH _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 1.000 MAR 09 1.000			_____	_____
00508	COMMODITY NO: 5142-359-9311 SURVEY LINE NO: 00123 PIZZA SQUARE, 4"X 6" EA., FROZEN, 96/CS. CHEESE. 4.5 TO 5 OZ EACH. BRAND NAME _____ SIZE EACH _____ NET WEIGHT _____ CASE COUNT _____ DELIVERY: 44474-M01	20	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00509	DEPT OF HUMAN SERVICES MC FARLAND MENTAL HEALTH CTR 901 SOUTHWIND ROAD SPRINGFIELD, IL 62703 JAN 09 20.000	2	CASE	_____	_____
	COMMODITY NO: 5142-359-9057 SURVEY LINE NO: 00124 PIZZA, BEEF & CHEESE, 4"X6", 5 OZ. COMMODITY TYPE 1, STD. SIZE SCHOOL LUNCH, 96/CS. BRAND NAME _____ SIZE EACH _____ NET WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 FEB 09 1.000 MAR 09 1.000				
00510	COMMODITY NO: 5142-359-9058 SURVEY LINE NO: 00125 PIZZA, SAUSAGE, 4"X6", COMMODITY TYPE A, 4.5 TO 5 OZ., STD. SIZE SCHOOL LUNCH, 96/CS. BRAND NAME _____ SIZE _____ NET WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 8.000	8	CASE	_____	_____
00511	COMMODITY NO: 5142-359-9058	3	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00512	SURVEY LINE NO: 00125 PIZZA, SAUSAGE, 4"X6", COMMODITY TYPE A, 4.5 TO 5 OZ., STD. SIZE SCHOOL LUNCH, 96/CS. BRAND NAME _____ SIZE _____ NET WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 1.000 FEB 09 1.000 MAR 09 1.000	10	CASE	_____	_____
	COMMODITY NO: 5142-359-9058 SURVEY LINE NO: 00125 PIZZA, SAUSAGE, 4"X6", COMMODITY TYPE A, 4.5 TO 5 OZ., STD. SIZE SCHOOL LUNCH, 96/CS. BRAND NAME _____ SIZE _____ NET WEIGHT EACH _____ CASE COUNT _____ DELIVERY: 49720-00 DEPT OF VETERANS' AFFAIRS IL VETERANS HOME DIVISION ATTN: JOHN W MCPHERSON 1707 N 12TH ST QUINCY, IL 62301 JAN 09 10.000			_____	_____
00513	COMMODITY NO: 5142-359-9320 SURVEY LINE NO: 00126 PIZZA BURGERS, 2 - 2.5 OZ. EA. PRECOOKED FROZEN, 115/CASE. BRAND NAME _____ NET WEIGHT/CASE _____ CASE COUNT _____	300	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00514	SIZE OF BURGER _____ DELIVERY: 44429-WE1 DEPT OF HUMAN SERVICES CHOATE MENTAL HEALTH CENTER 1000 N. MAIN STREET ANNA, IL 62906 JAN 09 100.000 FEB 09 100.000 MAR 09 100.000	5	LB	_____	_____
	COMMODITY NO: 5142-359-9320 SURVEY LINE NO: 00126 PIZZA BURGERS, 2 - 2.5 OZ. EA. PRECOOKED FROZEN, 115/CASE. BRAND NAME _____ NET WEIGHT/CASE _____ CASE COUNT _____ SIZE OF BURGER _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 2.000 FEB 09 1.000 MAR 09 2.000 (5 CASES TOTAL FOR THE FOLLOWING MONTHS: 2 CASES FOR JANUARY, 2009, 1 CASE FOR FEBRUARY, 2009 AND 2 CASES FOR MARCH, 2009.) ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.			_____	_____
00515	COMMODITY NO: 5142-359-9320 SURVEY LINE NO: 00126 PIZZA BURGERS, 2 - 2.5 OZ. EA. PRECOOKED FROZEN, 115/CASE. BRAND NAME _____ NET WEIGHT/CASE _____ CASE COUNT _____ SIZE OF BURGER _____	60	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00516	DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 60.000	48	LB	_____	_____
	COMMODITY NO: 5142-359-9330 SURVEY LINE NO: 00127 FRESH EGG NOODLES, FROZEN, 12 LBS./BX. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 48.000				
00517	COMMODITY NO: 5142-359-9330 SURVEY LINE NO: 00127 FRESH EGG NOODLES, FROZEN, 12 LBS./BX. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 24.000 FEB 09 24.000 MAR 09 24.000	72	LB	_____	_____
	COMMODITY NO: 5142-359-9330 SURVEY LINE NO: 00127 FRESH EGG NOODLES, FROZEN, 12 LBS./BX.				
00518	COMMODITY NO: 5142-359-9330 SURVEY LINE NO: 00127 FRESH EGG NOODLES, FROZEN, 12 LBS./BX.	130	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00519	BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 JAN 09 65.000 MAR 09 65.000	180	LB	_____	_____
	COMMODITY NO: 5142-359-9330 SURVEY LINE NO: 00127 FRESH EGG NOODLES, FROZEN, 12 LBS./BX. BRAND NAME _____ NET WEIGHT _____ DELIVERY: 44469-WN1 DEPT OF HUMAN SERVICES JACKSONVILLE DEV CENTER 1201 S MAIN STREET JACKSONVILLE, IL 62650-33 JAN 09 180.000			_____	_____
00520	COMMODITY NO: 5142-359-9771 SURVEY LINE NO: 00128 BURGER, VEGGIE, 2 TO 3.5 OZ, 48 PER CASE **MUST CONTAIN NO ANIMAL PRODUCTS **** MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 1.000 FEB 09 1.000	2	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00521	ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH. COMMODITY NO: 5142-359-9771 SURVEY LINE NO: 00128 BURGER, VEGGIE, 2 TO 3.5 OZ, 48 PER CASE **MUST CONTAIN NO ANIMAL PRODUCTS **** MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44444-WG1 DEPT OF HUMAN SERVICES SINGER MENTAL HEALTH CTR 4402 NORTH MAIN STREET ROCKFORD, IL 61103 JAN 09 3.000	3	CASE	_____	_____
00522	COMMODITY NO: 5142-359-9771 SURVEY LINE NO: 00128 BURGER, VEGGIE, 2 TO 3.5 OZ, 48 PER CASE **MUST CONTAIN NO ANIMAL PRODUCTS **** MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 JAN 09 1.000 MAR 09 1.000	2	CASE	_____	_____
00523	COMMODITY NO: 5142-359-9771 SURVEY LINE NO: 00128 BURGER, VEGGIE, 2 TO 3.5 OZ, 48 PER CASE	9	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00524	**MUST CONTAIN NO ANIMAL PRODUCTS **** MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 9.000	10	CASE	_____	_____
	COMMODITY NO: 5142-359-9771 SURVEY LINE NO: 00128 BURGER, VEGGIE, 2 TO 3.5 OZ, 48 PER CASE **MUST CONTAIN NO ANIMAL PRODUCTS **** MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____ DELIVERY: 44466-WM1 DEPT OF HUMAN SERVICES CHESTER MENTAL HEALTH CTR 1315 LEHMEN DRIVE HIGHWAY 3 NORTH CHESTER, IL 62233 FEB 09 10.000			_____	_____
00525	COMMODITY NO: 5142-359-9770 SURVEY LINE NO: 00129 BURGER, BLACK BEAN, FROZEN, 2.5 OZ. TO 3.4 OZ PER SERVING, 48 PORTIONS PER BOX. GARDEN BURGER OR APPROVED EQUAL. MFR./BRAND_____ SERVING SIZE_____ CASE COUNT_____ PRICE/SERVING_____	4	BOX	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00526	DELIVERY: 44439-WF1 DEPT OF HUMAN SERVICES CHICAGO-READ MENTAL HEALTH CTR 4200 N. OAK PARK AVE CHICAGO, IL 60634 JAN 09 1.000 FEB 09 1.000 MAR 09 2.000 ALL DELIVERIES MUST BE SCHEDULED WITH THE RECEIVING DEPARTMENT IN ADVANCE. ITEMS NOT DELIVERED IN THE MONTH SCHEDULED, WILL NOT BE ACCEPTED THE FOLLOWING MONTH.	1	BOX	_____	_____
	COMMODITY NO: 5142-359-9770 SURVEY LINE NO: 00129 BURGER, BLACK BEAN, FROZEN, 2.5 OZ. TO 3.4 OZ PER SERVING, 48 PORTIONS PER BOX. GARDEN BURGER OR APPROVED EQUAL. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44454-WI1 DEPT OF HUMAN SERVICES MADDEN MENTAL HEALTH CTR 1200 S. FIRST AVENUE HINES, IL 60141 FEB 09 1.000			_____	_____
00527	COMMODITY NO: 5142-359-1170 SURVEY LINE NO: 00130 FISH, WHITE, FILLET, PUREE STYLE,FROZEN. SINGLE-SERVING. CONTAINS NO MSG, HVP (HYDROLYZED VEGETABLE PROTEIN) OR HPP (HYDROLYZED PLANT PROTEIN). 24/3 OZ. INDIVIDUAL SERVING PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44414-YV1	25	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00528	DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 25.000	12	CASE		
	COMMODITY NO: 5142-359-1140 SURVEY LINE NO: 00131 GRILLER, (HOT DOG) PUREE STYLE, FROZEN. SINGLE-SERVING. CONTAINS NO MSG, HVP (HYDROLYZED VEGETABLE PROTEIN) OR HPP (HYDROLYZED PLANT PROTEIN). 64/2 OZ. INDIVIDUAL SERVING PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 JAN 09 4.000 FEB 09 4.000 MAR 09 4.000				
00529	COMMODITY NO: 5142-359-1150 SURVEY LINE NO: 00132 SIRLOINER (HAMBURGER), PUREE, FROZEN. SINGLE-SERVING. CONTAINS NO MSG, HVP (HYDROLYZED VEGETABLE PROTEIN) OR HPP (HYDROLYZED PLANT PROTEIN). 24/3 OZ. INDIVIDUAL SERVING PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420	12	CASE		

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00530	JAN 09 4.000 FEB 09 4.000 MAR 09 4.000	30	CASE	_____	_____
	COMMODITY NO: 5142-359-1160 SURVEY LINE NO: 00133 CHICKEN, PUREE STYLE, FROZEN. SINGLE-SERVING. CONTAINS NO MSG, HVP (HYDROLYZED VEGETABLE PROTEIN) OR HPP (HYDROLYZED PLANT PROTEIN). 24/3 OZ. INDIVIDUAL SERVING PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 30.000				
00531	COMMODITY NO: 5142-359-1160 SURVEY LINE NO: 00133	12	CASE	_____	_____
	CHICKEN, PUREE STYLE, FROZEN. SINGLE-SERVING. CONTAINS NO MSG, HVP (HYDROLYZED VEGETABLE PROTEIN) OR HPP (HYDROLYZED PLANT PROTEIN). 24/3 OZ. INDIVIDUAL SERVING PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 JAN 09 4.000 FEB 09 4.000 MAR 09 4.000				

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00532	COMMODITY NO: 5142-359-1110 SURVEY LINE NO: 00134 PORK, ROAST, PUREE STYLE, FROZEN. SINGLE-SERVING. CONTAINS NO MSG, HVP (HYDROLYZED VEGETABLE PROTEIN) OR HPP (HYDROLYZED PLANT PROTEIN). 24/3 OZ. INDIVIDUAL SERVING PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 30.000	30	CASE	_____	_____
00533	COMMODITY NO: 5142-359-1110 SURVEY LINE NO: 00134 PORK, ROAST, PUREE STYLE, FROZEN. SINGLE-SERVING. CONTAINS NO MSG, HVP (HYDROLYZED VEGETABLE PROTEIN) OR HPP (HYDROLYZED PLANT PROTEIN). 24/3 OZ. INDIVIDUAL SERVING PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 JAN 09 4.000 FEB 09 4.000 MAR 09 4.000	12	CASE	_____	_____
00534	COMMODITY NO: 5142-359-1120 SURVEY LINE NO: 00135	30	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00535	HAM, PUREE STYLE, FROZEN. SINGLE-SERVING. CONTAINS NO MSG, HVP (HYDROLYZED VEGETABLE PROTEIN) OR HPP (HYDROLYZED PLANT PROTEIN). 24/3 OZ. INDIVIDUAL SERVING PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44414-YV1 DEPT OF HUMAN SERVICES ASHLAND COLD STORAGE % TINLEY PK. MHC 1556 W 43RD ST CHICAGO, IL 60632 JAN 09 30.000	12	CASE	_____	_____
	COMMODITY NO: 5142-359-1120 SURVEY LINE NO: 00135 HAM, PUREE STYLE, FROZEN. SINGLE-SERVING. CONTAINS NO MSG, HVP (HYDROLYZED VEGETABLE PROTEIN) OR HPP (HYDROLYZED PLANT PROTEIN). 24/3 OZ. INDIVIDUAL SERVING PER CASE. MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 JAN 09 4.000 FEB 09 4.000 MAR 09 4.000			_____	_____
00536	COMMODITY NO: 5142-359-1130 SURVEY LINE NO: 00136 BEEF, ROAST, PUREE STYLE, FROZEN. SINGLE-SERVING. CONTAINS NO MSG, HVP (HYDROLYZED VEGETABLE PROTEIN) OR HPP (HYDROLYZED PLANT PROTEIN). 24/3 OZ. INDIVIDUAL SERVING PER CASE.	12	CASE	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00537	MFR./BRAND _____ SERVING SIZE _____ CASE COUNT _____ PRICE/SERVING _____ DELIVERY: 44488-WQ1 DEPT OF HUMAN SERVICES FOX DEVELOPMENTAL CENTER 134 WEST STREET DWIGHT, IL 60420 JAN 09 4.000 FEB 09 4.000 MAR 09 4.000	16	LB	_____	_____
	COMMODITY NO: 5142-359-9111 SURVEY LINE NO: 00138 QUESADILLA ROLLS, CHICKEN FAJITA. SMOKED FAJITA CHICKEN AND A TEX-MEX BLEND OF PEPPERS AND CHEESE ROLLED IN A FLOUR TORTILA. 9-10/LB. 4/4LB BX/CS ANCHOR OR APPROVED EQUAL BRAND _____ CASE COUNT _____ NET WEIGHT/CASE _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 16.000			_____	_____
00538	COMMODITY NO: 5142-359-9112 SURVEY LINE NO: 00139 QUESADILLA ROLLS, CHICKEN CHIPOTLE. DICED CHICKEN, SMOOTH CHEESES, SAVORY PEPPERS AND ONIONS BLENDED IN A SPICY CHILI CHIPOTLE SAUCE WRAPPED IN A FLOUR TORTILLA. 9-10/LB. 4/4LB BX/CS. ANCHOR OR APPROVED EQUAL. BRAND _____ CASE COUNT _____	32	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00539	NET WEIGHT/CASE _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 32.000	16	LB	_____	_____
	COMMODITY NO: 5142-359-9112 SURVEY LINE NO: 00139 QUESADILLA ROLLS, CHICKEN CHIPOTLE. DICED CHICKEN, SMOOTH CHEESES, SAVORY PEPPERS AND ONIONS BLENDED IN A SPICY CHILI CHIPOTLE SAUCE WRAPPED IN A FLOUR TORTILLA. 9-10/LB. 4/4LB BX/CS. ANCHOR OR APPROVED EQUAL. BRAND _____ CASE COUNT _____ NET WEIGHT/CASE _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 16.000			_____	_____
00540	COMMODITY NO: 5142-359-9113 SURVEY LINE NO: 00140 POPPERS, CREAM CHEESE. JALAPENO PEPPER HALVES FILLED WITH REAL CREAM CHEESE SUBMERGED IN A CRISP OVENABLE BREADING. 12-16 PER LB. 6/2 LB BAG/CS. ANCHOR OR APPROVED EQUAL. BRAND _____ CASE COUNT _____ NET WEIGHT/CASE _____ DELIVERY: 44441-D51 DEPT OF HUMAN SERVICES RUSHVILLE TDF	48	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00541	HORNEY BRANCH ROAD AND COUNTY FARM ROAD RUSHVILLE, IL 62681 JAN 09 48.000	48	LB	_____	_____
	COMMODITY NO: 5142-359-9113 SURVEY LINE NO: 00140 POPPERS, CREAM CHEESE. JALAPENO PEPPER HALVES FILLED WITH REAL CREAM CHEESE SUBMERGED IN A CRISP OVENABLE BREADING. 12-16 PER LB. 6/2 LB BAG/CS. ANCHOR OR APPROVED EQUAL. BRAND _____ CASE COUNT _____ NET WEIGHT/CASE _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 48.000				
00542	COMMODITY NO: 5142-359-9114 SURVEY LINE NO: 00141 POPPERS, CHEDDAR CHEESE. JALAPENO PEPPER HALVES FILLED WITH RICH CHEDDAR CHEESE AND COVERED WITH OVEN READY BREADING. 12-16 PER LB. 6/2 LB BAG/CS. ANCHOR OR APPROVED EQUAL. BRAND _____ CASE COUNT _____ NET WEIGHT/CASE _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 48.000	48	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00543	COMMODITY NO: 5142-359-9114 SURVEY LINE NO: 00141 POPPERS, CHEDDAR CHEESE. JALAPENO PEPPER HALVES FILLED WITH RICH CHEDDAR CHEESE AND COVERED WITH OVEN READY BREADING. 12-16 PER LB. 6/2 LB BAG/CS. ANCHOR OR APPROVED EQUAL. BRAND _____ CASE COUNT _____ NET WEIGHT/CASE _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 12.000	12	LB	_____	_____
00544	COMMODITY NO: 5142-359-9115 SURVEY LINE NO: 00142 MOZZARELLA STICKS, BREADED, 3 1/4". COVERED WITH AN ITALIAN-STYLE COATING MADE WITH ROMANO AND PARMESAN CHEESE. 14-16 PER LB. 4/3 LB BOXES/CS BRAND _____ NET WEIGHT: _____ CASE COUNT: _____ DELIVERY: 44450-D01 DEPT OF HUMAN SERVICES IL SCHOOL FOR THE DEAF 1408 W. COLLEGE JACKSONVILLE, IL 62650 JAN 09 48.000	48	LB	_____	_____
00545	COMMODITY NO: 5142-359-9115 SURVEY LINE NO: 00142 MOZZARELLA STICKS, BREADED, 3 1/4". COVERED WITH AN ITALIAN-STYLE COATING MADE WITH ROMANO AND PARMESAN CHEESE. 14-16 PER LB. 4/3 LB BOXES/CS BRAND _____ NET WEIGHT: _____	72	LB	_____	_____

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LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	AMOUNT
00546	CASE COUNT: _____ DELIVERY: 44451-XB1 DEPT OF HUMAN SERVICES IL SCHOOL F/T VISUALLY 658 EAST STATE STREE JACKSONVILLE, IL 62650 JAN 09 24.000 FEB 09 24.000 MAR 09 24.000	400	LB	_____	_____
	COMMODITY NO: 5142-359-9115 SURVEY LINE NO: 00142 MOZZARELLA STICKS, BREADED, 3 1/4". COVERED WITH AN ITALIAN-STYLE COATING MADE WITH ROMANO AND PARMESAN CHEESE. 14-16 PER LB. 4/3 LB BOXES/CS BRAND _____ NET WEIGHT: _____ CASE COUNT: _____ DELIVERY: 44459-WK1 DEPT OF HUMAN SERVICES ELGIN MENTAL HEALTH CENTER 750 SOUTH STATE STREET ELGIN, IL 60123-7692 JAN 09 200.000 FEB 09 200.000				

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CERTIFICATIONS

LEGAL ABILITY TO CONTRACT: VENDOR CERTIFIES IT IS UNDER NO LEGAL PROHIBITION ON CONTRACTING WITH THE STATE OF ILLINOIS, HAS NO KNOWN CONFLICTS OF INTEREST AND FURTHER SPECIFICALLY CERTIFIES THAT:

A) VENDOR, ITS EMPLOYEES AND SUBCONTRACTORS WILL COMPLY WITH APPLICABLE PROVISIONS OF THE U.S. CIVIL RIGHTS ACT, SECTION 504 OF THE FEDERAL REHABILITATION ACT, THE AMERICANS WITH DISABILITIES ACT (42 U.S.C. 12101 ET SEQ.) AND APPLICABLE RULES IN PERFORMANCE UNDER THIS CONTRACT.

B) VENDOR IS NOT IN DEFAULT ON AN EDUCATIONAL LOAN (5 ILCS 385/3).

C) VENDOR HAS INFORMED THE DIRECTOR OF THE AGENCY IN WRITING IF HE/SHE WAS FORMERLY EMPLOYED BY THAT AGENCY AND HAS RECEIVED AN EARLY RETIREMENT INCENTIVE PRIOR TO 1993 UNDER SECTION 14-108.3 OR 16-133.3 OF THE ILLINOIS PENSION CODE, AND ACKNOWLEDGES THAT CONTRACTS MADE WITHOUT THE APPROPRIATE FILING WITH THE AUDITOR GENERAL ARE NOT PAYABLE FROM THE "CONTRACTUAL SERVICES" OR OTHER APPROPRIATION LINE ITEMS. VENDOR HAS NOT RECEIVED AN EARLY RETIREMENT INCENTIVE IN OR AFTER 2002 UNDER SECTION 14-108.3 OR 16-133.3 OF THE ILLINOIS PENSION CODE, AND ACKNOWLEDGES THAT CONTRACTS IN VIOLATION OF SECTION 15A OF THE STATE FINANCE ACT ARE NOT PAYABLE FROM THE "CONTRACTUAL SERVICES" OR OTHER APPROPRIATION LINE ITEMS (30 ILCS 105/15A).

D) VENDOR HAS NOT BEEN CONVICTED OF BRIBING OR ATTEMPTING TO BRIBE AN OFFICER OR EMPLOYEE OF THE STATE OF ILLINOIS OR ANY OTHER STATE, NOR HAS MADE AN ADMISSION ON THE RECORD OF HAVING SO BRIBED OR ATTEMPTED TO BRIBE (30 ILCS 500/50-5).

E) IF VENDOR HAS BEEN CONVICTED OF A FELONY, AT LEAST FIVE YEARS HAVE PASSED AFTER THE DATE OF COMPLETION OF THE SENTENCE FOR SUCH FELONY, UNLESS NO PERSON HELD RESPONSIBLE BY A PROSECUTOR'S OFFICE FOR THE FACTS UPON WHICH THE CONVICTION WAS BASED CONTINUES TO HAVE ANY INVOLVEMENT WITH THE BUSINESS (30 ILCS 500/50-10).

F) IF VENDOR, OR ANY OFFICER, DIRECTOR, PARTNER, OR OTHER MANAGERIAL AGENT OF VENDOR, HAS BEEN CONVICTED OF A FELONY UNDER THE SARBANES-OXLEY ACT OF 2002, OR A CLASS 3 OR CLASS 2 FELONY UNDER THE ILLINOIS SECURITIES LAW OF 1953, AT LEAST 5 YEARS HAVE PASSED SINCE THE DATE OF THE CONVICTION. VENDOR FURTHER CERTIFIES THAT IT IS NOT BARRED FROM BEING AWARDED A CONTRACT UNDER 30 ILCS 500/50-10.5, AND ACKNOWLEDGES THAT THE CONTRACTING STATE AGENCY SHALL DECLARE THE CONTRACT VOID IF THIS CERTIFICATION IS FALSE (30 ILCS 500/50-10.5).

G) VENDOR AND ITS AFFILIATES ARE NOT DELINQUENT IN THE PAYMENT OF ANY DEBT TO THE STATE (OR IF DELINQUENT HAS ENTERED INTO A DEFERRED PAYMENT PLAN TO PAY THE DEBT), AND VENDOR AND ITS AFFILIATES ACKNOWLEDGE THE CONTRACTING STATE AGENCY MAY DECLARE THE CONTRACT VOID IF THIS CERTIFICATION IS FALSE (30 ILCS 500/50-11) OR IF VENDOR OR AN AFFILIATE LATER BECOMES DELINQUENT AND HAS NOT ENTERED INTO A DEFERRED PAYMENT PLAN TO PAY OFF THE DEBT (30 ILCS 500/50-60).

H) VENDOR AND ALL AFFILIATES SHALL COLLECT AND REMIT ILLINOIS USE TAX ON ALL SALES OF TANGIBLE PERSONAL PROPERTY INTO THE STATE OF ILLINOIS IN ACCORDANCE WITH PROVISIONS OF THE ILLINOIS USE TAX ACT (30 ILCS 500/50-12) AND ACKNOWLEDGE THAT FAILURE TO COMPLY CAN RESULT IN THE CONTRACT BEING DECLARED VOID.

I) VENDOR CERTIFIES THAT IT HAS NOT COMMITTED A WILLFUL OR KNOWING VIOLATION OF THE ENVIRONMENTAL PROTECTION ACT (RELATING TO CIVIL PENALTIES UNDER THE ENVIRONMENTAL PROTECTION ACT) WITHIN THE LAST FIVE (5) YEARS, AND IS THEREFORE NOT BARRED FOM BEING AWARDED A CONTRACT. IF THE STATE LATER DETERMINES THAT THIS CERTIFICATION WAS FALSELY MADE BY THE VENDOR, THE VENDOR ACKNOWLEDGES THAT THE CONTRACTING STATE AGENCY/BUYER MAY DECLARE THE CONTRACT VOID. (30 ILCS 500/50-14)

J) VENDOR HAS NOT PAID ANY MONEY OR VALUABLE THING TO INDUCE ANY PERSON TO REFRAIN FROM BIDDING ON A STATE CONTRACT, NOR HAS VENDOR ACCEPTED ANY MONEY OR OTHER VALUABLE THING, OR ACTED UPON THE PROMISE OF SAME, FOR NOT BIDDING ON A STATE CONTRACT (30 ILCS 500/50-25).

K) VENDOR IS NOT IN VIOLATION OF THE "REVOLVING DOOR" SECTION OF THE ILLINOIS PROCUREMENT CODE (30 ILCS 500/50-30).

L) VENDOR WILL REPORT TO THE ILLINOIS ATTORNEY GENERAL AND THE CHIEF PROCUREMENT OFFICER ANY SUSPECTED COLLUSION OR OTHER ANTICOMPETITIVE PRACTICE AMONG ANY BIDDERS, OFFERORS, CONTRACTORS, PROPOSERS OR EMPLOYEES OF THE STATE (30 ILCS 500/50-40, /50-45, /50-50).

M) VENDOR WILL, PURSUANT TO THE DRUG FREE WORKPLACE ACT, PROVIDE A DRUG FREE WORKPLACE, AND IF AN INDIVIDUAL SHALL NOT ENGAGE IN THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSATION, POSSESSION OR USE OF A CONTROLLED SUBSTANCE IN THE PERFORMANCE OF THE CONTRACT. THIS CERTIFICATION APPLIES TO CONTRACTS OF \$5000 OR MORE WITH: INDIVIDUALS; AND TO ENTITIES WITH TWENTY-FIVE (25) OR MORE EMPLOYEES (30 ILCS 580).

N) NEITHER VENDOR NOR ANY SUBSTANTIALLY OWNED AFFILIATE IS PARTICIPATING OR SHALL PARTICIPATE IN AN INTERNATIONAL BOYCOTT IN VIOLATION OF THE U.S. EXPORT ADMINISTRATION ACT OF 1979 OR THE APPLICABLE REGULATIONS OF THE U.S. DEPARTMENT OF COMMERCE. THIS CERTIFICATION APPLIES TO CONTRACTS THAT EXCEED \$10,000 (30 ILCS 582).

CERTIFICATIONS	SOLICITATION NO.: 223459 OPEN DATE : 11/03/08 T-NUMBER :	
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O) VENDOR HAS NOT BEEN CONVICTED OF THE OFFENSE OF BID RIGGING OR BID ROTATING OR ANY SIMILAR OFFENSE OF ANY STATE OR OF THE UNITED STATES (30 ILCS 582). P) VENDOR COMPLIES WITH THE ILLINOIS DEPARTMENT OF HUMAN RIGHTS ACT AND RULES APPLICABLE TO PUBLIC CONTRACTS, INCLUDING EQUAL EMPLOYMENT OPPORTUNITY, REFRAINING FROM UNLAWFUL DISCRIMINATION, AND HAVING WRITTEN SEXUAL HARASSMENT POLICIES (775 ILCS 5/2-105). Q) VENDOR DOES NOT PAY DUES TO, OR REIMBURSE OR SUBSIDIZE PAYMENTS BY ITS EMPLOYEES FOR, ANY DUES OR FEES TO ANY DISCRIMINATORY CLUB (775 ILCS 25/2). R) VENDOR COMPLIES WITH THE STATE PROHIBITION OF GOODS FROM FORCED LABOR ACT, AND CERTIFIES THAT NO FOREIGN-MADE EQUIPMENT, MATERIALS, OR SUPPLIES FURNISHED TO THE STATE UNDER THE CONTRACT HAVE BEEN OR WILL BE PRODUCED IN WHOLE OR IN PART BY FORCED LABOR, CONVICT LABOR, OR INDENTURED LABOR UNDER PENAL SANCTION (PA 93-0307). S) VENDOR CERTIFIES THAT NO FOREIGN-MADE EQUIPMENT, MATERIALS OR SUPPLIES FURNISHED TO THE STATE UNDER THE CONTRACT HAVE BEEN PRODUCED IN WHOLE OR IN PART BY THE LABOR OF ANY CHILD UNDER THE AGE OF 12 (PA 94-0264). T) VENDOR CERTIFIES THAT IT IS NOT IN VIOLATION OF SECTION 50-14.5 OF THE ILLINOIS PROCUREMENT CODE THAT STATES: OWNERS OF RESIDENTIAL BUILDINGS WHO HAVE COMMITTED A WILLFUL OR KNOWING VIOLATION OF THE LEAD POISONING PREVENTION ACT (410 ILCS 45) ARE PROHIBITED FROM DOING BUSINESS WITH THE STATE OF ILLINOIS OR ANY STATE AGENCY UNTIL THE VIOLATION IS MITIGATED . U) IN ACCORDANCE WITH THE STEEL PRODUCTS PROCUREMENT ACT, STEEL PRODUCTS USED OR SUPPLIED IN THE PERFORMANCE OF A CONTRACT FOR PUBLIC WORKS SHALL BE MANUFACTURED OR PRODUCED IN THE UNITED STATES, UNLESS THE EXECUTIVE HEAD OF THE PROCURING AGENCY GRANTS AN EXCEPTION (30 ILCS 565). V) VENDOR WARRANTS AND CERTIFIES THAT IT AND, TO THE BEST OF ITS KNOWLEDGE, ITS SUBCONTRACTORS HAVE AND WILL COMPLY WITH EXECUTIVE ORDER NO. 1 (2007). THE ORDER GENERALLY PROHIBITS VENDORS AND SUBCONTRACTORS FROM HIRING THE THEN-SERVING GOVERNOR'S FAMILY MEMBERS TO LOBBY PROCUREMENT ACTIVITIES OF THE STATE, OR ANY OTHER UNIT OF GOVERNMENT IN ILLINOIS INCLUDING LOCAL GOVERNMENTS, IF THAT PROCUREMENT MAY RESULT IN A CONTRACT VALUED AT OVER \$25,000. THIS PROHIBITION ALSO APPLIES TO HIRING FOR THAT SAME PURPOSE ANY FORMER STATE EMPLOYEE WHO HAD PROCUREMENT AUTHORITY AT ANY TIME DURING THE ONE-YEAR PERIOD PRECEDING THE PROCUREMENT LOBBYING ACTIVITY (EO NO. 1 (2007)). W) VENDOR CERTIFIES (I) THAT IT WILL OFFER TO ASSUME THE COLLECTIVE BARGAINING OBLIGATIONS OF THE PRIOR EMPLOYER, INCLUDING ANY EXISTING COLLECTIVE BARGAINING AGREEMENT WITH THE BARGAINING REPRESENTATIVE OF ANY EXISTING COLLECTIVE BARGAINING UNIT OR UNITS PERFORMING SUBSTANTIALLY SIMILAR WORK TO THE SERVICES COVERED BY THE CONTRACT SUBJECT TO ITS BID OR OFFER, AND (II) THAT IT SHALL OFFER EMPLOYMENT TO ALL EMPLOYEES CURRENTLY EMPLOYED IN ANY EXISTING BARGAINING UNIT PERFORMING SUBSTANTIALLY SIMILAR WORK THAT WILL BE PERFORMED UNDER THIS CONTRACT (30 ILCS 500/25-80).		