



RETURN THIS QUOTATION TO:
PURCHASING DEPARTMENT
COOK COUNTY HEALTH AND HOSPITALS

1901 WEST HARRISON STREET CHICAGO, ILLINOIS 60611
SEALED BIDS FOR THE FOLLOWING SUPPLIES AND/OR SERVICES
WILL BE ACCEPTED AT THIS OFFICE UP TO 10:00 A.M.

Quotation

This is not an order – submit all quotation on this form.

DATE	BUYER	BUYER PHONE	ORDER NO.	RESPOND BY	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 1
8/2/11	Diane Gremaud	708 633-2046	97762 OR-Rebid	8/15/11		

Vendor Address

Product Delivery Point
Oak Forest Hospital
Receiving Dock
15900 S. Cicero Ave.
Oak Forest IL 60452

DELIVERY IN WORKING DAYS _____

PHONE NUMBER _____

SIGNED BY _____

(PLEASE PRINT) _____

TERMS AND CONDITIONS

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

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

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 No bid may be withdrawn or changed after it has been opened.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

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

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

In General: The price quoted herein shall agree with all Federal Law and Regulations.

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

INSTRUCTIONS ON MARKING BID ENVELOPE

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

DESCRIPTION	QUANTITY ORDERED	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
Bundles TS20-72-2A THRUSH TUBE 72" LONG X 20" DIAMETER COPPER TUBES .035" WALL CARBON STEEL TUBESHEET W/GASKETS SHIPPING INCLUDED IN TOTAL PRICE REQ. 18980119	2.00	EA		
OFFICE USE ONLY	PURCHASE ORDER #	ADDITIONAL TERMS ON THE REVERSE SIDE	TOTAL	

INSTRUCTIONS FOR DELIVERY AND FOR INVOICING OF GOODS

1. Clearly mark every package with the name of the institution, department or agency to which goods are to be delivered. MARK ALL PACKAGES WITH THE COOK COUNTY HEALTH AND HOSPITAL'S SYSTEM PURCHASE ORDER NUMBER.
2. Stencil or attach a tag to every package that bears your own names so the receiving clerk will know from whom the order was shipped.
3. Delivery time, unless otherwise stipulated, is Monday through Friday between 9:00 a.m. and 3:00 p.m.
4. Charge all goods to Cook County.
5. For the Health & Hospitals System Facilities, direct all inquiries and send the original and all appropriate copies of the invoice with the proper Cook County Health & Hospitals System invoice with the proper Cook County Health & Hospitals System invoice forms (i.e., 29A voucher form) to the appropriate address below.

Stroger Hospital
John H. Stroger Hospital
P.O. Box 12950
Chicago, IL 60612-5041
Attn: Accts. Payable
(312) 864-0101 x1

Provident Hospital
Provident Hospital
P.O. Box 12940
Chicago, IL 60612-5031
Attn: Accts. Payable
(312) 864-0101 x2

Cermak Health Services
Cermak Health Services
2800 S. California
Chicago, IL 60608
Attn: Cermak Health
(773) 869-5644

Oak Forest Hospital
Oak Forest Hospital
P.O. Box 12920
Chicago, IL 60612-5015
Attn: Accts. Payable
(312) 864-0101 x3

6. For all Cook County Health & Hospitals System Offices, direct all inquiries and send the original and all appropriate copies of the invoice with the proper Cook County Health & Hospitals System invoice forms (i.e., 29A voucher form) to the following address:

Cook County Health & Hospitals System
Centralized Purchasing Department
1901 W. Harrison, Suite 5360
Chicago, IL 60612

7. Never include goods furnished on two or more purchase orders on a single invoice.
8. All prices must be in compliance with federal, state, and local regulations.
9. Partial shipments or partial pay warrants will not be considered unless authorized or requested by the Cook County Health & Hospitals System Purchasing Agent.
10. The law provides that every person selling goods to the Cook County Health & Hospitals System.
11. Execute certification on the bottom of the invoice before mailing.
12. All pay warrants will be mailed to you by the County Comptroller.
13. INDEMNITY – The contractor shall indemnify, keep and save harmless the County, its agents, officials and employees, against all injuries, deaths, loss, damages, claims, patent claims, suits, liabilities, judgments, costs and expenses, which may in anywise accrue against the County in consequence of the granting of this contract of which may in anywise result therefrom, whether or not it shall be alleged or determined that the act was caused through negligence or omission of the Contractor or his employees, of the subcontractor or his employees, if any, or of the County of Cook or its employees, and the Contractor shall, at his own expense, appear, defend, and pay all charges of attorneys and all costs and other expenses, arising therefrom or incurred in connection therewith, and, if any judgment shall be rendered against the County in any such action, the Contractor shall, at his own expense, satisfy and discharge the same. The Contractor expressly understands and agrees that any performance bond or insurance protection required by this contract or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County as herein provided. If this purchase order covers services, a Certificate of Insurance must be submitted before performance of service.
14. Compliance with the above will help avoid errors and delays.

CHECKLIST FOR REQUEST FOR QUOTATION SUBMISSION

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

Incomplete bid documents will not be considered for award so please contact us at Purchasing@CCBHS.org with your questions, but be sure to allow enough time for us receive your inquiry and reply.

For the bid documents you are submitting, did you:

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

Finally, make sure you:

- Submit your bid documents on or before the Respond by Date and Time listed at the top of the page.
- The bid box is located in the Security Office in Room 1120 at John H. Stroger, Jr. Hospital of Cook County, 1901 West Harrison, Chicago, Illinois 60612. You may deposit your bid documents between the hours of 8am to 3:00 p.m five days a week and on the respond date from 8am to 10am.
- Send in all pages of the *Request. For Quotation*.

Bid documents submitted Late or Deposited in the wrong location will not be considered for award. No exceptions!

Good luck!